

2-77 212 PREVIOUS EDITIONS

TO:
IP/AR
GA-50
TUBE GT-7

INSTRUCTIONS
1. This form is to be used to request ENTIRE subject or desk material which has been retired to record center thru IP/AR.
2. SINGLE DOCUMENT REQUESTS. This pertains to documents other than those that have been processed into the DDO records system. Documents in the system must be requested thru IP/CFS using established forms and procedures. If in doubt see your IMO.

FROM:
DIVISION OR STAFF & BRANCH:
ROOM NO. | TUBE | TELE. EXT.:
REQUESTOR'S NAME - PLEASE PRINT

DATE (mm-day-year) 5-7-94
JOB NUMBER 57-94
DOC. SYMBOL & NUMBER Wash Sp F Fin 6
SUBJECT OR TITLE Cowdin, Lucien E. Capt.
BOX 15
FOLDER 102
DOC. DATE (mm-day-year) LSC 3

REMARKS:

ACTION REQUESTED
 TEMPORARY RETENTION (WILL RETURN IN 30 DAYS) INDEFINITE PERMANENT RETENTION INFORMATION ONLY
TYPE REQUEST
 ROUTINE TELEPHONE PRIORITY (next available run see No. 2 below) SPECIAL PRIORITY (Requires exclusive run see No. 2 below)
TIME NEEDED | **DATE (day-mth.)** | **TIME** | **IMO OR AUTHORIZED DESIGNEE SIGNATURE**

IP/AR USE
RESTRICTED TO | **REQUEST CLERK**

MATERIAL TO BE USED FOR (check one)
 FOIA PRIVACY ACT OTHER (Specify)
NOTE
1. Material is received in IP/AR at 1300 and 1630.
2. Special priority requests must be authorized by IMO or authorized designee.

CONFIDENTIAL	CL. BY: 062147			
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15. RETURN TO:	IP/ARD/PSU	GA-50		

RECORDS CENTER
JOB NO. 57-94
SPACE NO. 407875
FILE NO. Wash Sp F Fin 6
DOCUMENT
FOLDER NO. 102
BOX NO. 15
E2 IMPDET CL BY: 062147

FORM 3-83 610 USE PREVIOUS EDITIONS 09-81 (2-78)

SECRET CONFIDENTIAL INTERNAL USE ONLY UNCLASSIFIED

POSTING VOUCHER

DATE: 28 February 1947

VOUCHER NO. 357

TYPE OF FUNDS: _____ AMOUNT: _____ RATE: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: Accounting attached

DETAILS: Misc. Receipt of \$21.00 represents collection of Munich mess fund.

	DR.	CR.	POSTING INITIALS
CASH IN HAND			
ADVANCES: Munich Op.-Holtzman (Bank)	21.00	166.83	
TRANSFERS: (Station)			
CONVERSIONS			
EXCHANGE			
MISCELLANEOUS RECEIPTS:		21.00	
EXPENSE	166.83		
CHECKS ACCOUNTS			

DISTRIBUTION OF POSTAGE:

	01	02	03	04	05	06	08	09
IB						166.83		

SPECIAL INFORMATION OR INSTRUCTIONS:

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

CONFIDENTIAL

STATEMENT FOR OPERATIONAL FUNDS

PERIOD 22 January to 15 February 1946, incl: Date 27.12.1947

Cash balance beginning period 10,513.00 RM

Advances outstanding beginning period XX,XXX XX

Receipts

(a) Operational funds received XXX

(c) Misc. Receipts (sale of property, etc.) 210.00 210.00 RM
Mass refund from FOU.S.M.

Total funds for which accountable during period this report 10,723.00 RM

DISBURSEMENTS

1. Operational

(a) Salaries 300.00 RM

(b) Others 695.00 RM

2. Housekeeping

(rental) XXX

(b) Auto maint. 973.27 RM

(c) Household XXX

(d) Travel XXX

(e) Other XXX 973.27 RM

TOTAL Disbursements 1,669.27 RM

Total accountable funds less Total disbursements

Total accountable funds less Total disbursements 9,060.73 RM

I certify that to the best of my knowledge, the above accounting is true and correct, that all disbursements were for official organisational purposes only.

Request the sum of XXX be forwarded this Unit to bring the cash working balance to a safe level;

B. A. Holloman
Signature
B. A. HOLLAMAN

APPROVED

Stuart Craton
Signature
STUART CRATON

Attached hereto is a list of outstanding advances showing the name of the recipient and the amount advanced for which he is accountable.

Attached is itemized list of disbursements with receipts or certificates in lieu of receipts, for which credit is being claimed on this accounting report.

CONFIDENTIAL

ITEMIZED LIST OF DISBURSEMENTS
FOR THE PERIOD: 22.1 - 15.2.47:

- 1) Expenses for SAILOR -----300.00 RM ✓
- 2) Expenses for documents-----395.00 RM ✓
- 3) Auto maintenance: a)----- 25.00 RM ✓
b)-----172.50 RM ✓
c)----- 28.00 RM ✓
d)-----600.00 RM ✓
e)----- 1475 RM ✓
f)----- 53.51 RM ✓
g)-----112.00 RM ✓
h)-----118.85 RM ✓
i)----- 9.50 RM ✓
j)----- 37.06 RM ✓

TOTAL: 1,558.27 RM

ROBERT BOSCH G. m. b. H.
Zweigstelle München
Druckort: 83104 Bosch - Zweigstelle München
Fernruf: 362523
Geschäftsd.: 7.45-17 Uhr, Sonntags 7.45-12.30 Uhr

© München 2, den 24. 1. 1947
Karlstraße 42 und Seidlstr. 23715


Artz.	Sie erhalten zufolge Ihrer Bestellung	Preis	Betrag
1.	Batterien 367		25.25
	247.		- 21
	Transp. Kosten		- 50
			37.06

Dieser Zettel gilt ohne weiteres als Quittung
VKO-D 7416-305 (4. Abt. 230 50x2) 0.644

Quittung über Barverkauf Nr.

H. Obermeier
Auto - Elektrik - Spezialwerkstätten
München
Lindwurmstraße 84-86
Telefon 23869 / 23865
Postfachkonto München 23869 / Fernruf 72502

Rechnung - Auftrag
758 *
Ausgestellt 24. Febr. 47


H. Obermeier
Auto - Elektrik - Spezialwerkstätten
München
Lindwurmstraße 84-86
Telefon 23869 / 23865
Postfachkonto München 23869 / Fernruf 72502

Rechnung - Auftrag
700
Ausgestellt 11. Febr.

Von Firma
Mil. Reg. Solln
Kennzeichen
12003 Ford

Angenommen durch
G
RM Ref

Arbeitshinweise:
Ladung kontrollieren.
Lichtmaschine und Regler ausgebaut, Feld-
strom beseitigt, Haupteinleitungskabel
geändert, Regler einjustiert, Aggregate
wieder eingebaut.

Von Firma
Mil. Reg. Solln
Amdl. Kennzeichen

Angenommen durch
G
RM Ref

Arbeitsbezeichnung	RM	Ref
Eine Batterie BKX 367 füllen und laden, zwei Batterien BKX 378 laden.		
<i>Edl. - 10 gut gemacht</i>		

Barzahlung bei Ablieferung!
Erfüllungsort und Gerichtsstand ist München.
Dieser Auftrag wird unter Anerkennung der
im Kraftfahrzeug-Gewerbe geltenden Bestim-
mungen erteilt.
Umsatzsteuer des Auftrages ist der Bevollmächtigte:

Arbeitslohn 11.25
Teile 7.60
Fremdleistung
Spesen
Kleinteile
Gesamtbetrag 18.85

Barzahlung bei Ablieferung!
Erfüllungsort und Gerichtsstand ist München.
Dieser Auftrag wird unter Anerkennung der
im Kraftfahrzeug-Gewerbe geltenden Bestim-
mungen erteilt.
Umsatzsteuer des Auftrages ist der Bevollmächtigte:

Arbeitslohn
Teile
Fremdleistung
Spesen
Kleinteile
Gesamtbetrag

Betrag erhalten: *H. Obermeier*
24. Feb. 1947

Betrag erhalten: *H. Obermeier*
11. Feb. 1947

Robert Bosch G.m.b.H.
Verkaufshaus München

Formul.: B32 605

Geschäftszeit: 7.45-17 Uhr
Sonntags 7.45-12.30 Uhr

13b München 2, den 17.1.47 194

Quittung über Barreparatur Nr. 33890

für Refuge Control
München

Tegernseerlandstr.

Wir führten zu unseren Bedingungen.		folgende Arbeiten aus	
<small>(Instandsetzarbeiten an Kraftfahrzeugen einschli. Zubehör werden zu den bekannten Expertenbedingungen ausgeführt)</small>			
1	Anlasser BGC 0,5/6 RS 28 instand.		.44
	Material		3.15
	Arbeitszeit		13.60
			16.75
Pedal, Rastenscheibe und Klein- teile erneuert.			

Dieser Zettel gilt ohne weiteres als
rechtsgültige Quittung für Barreparaturen

WKO-D 0044-206 (S. 46 200 25 X 4) A3 - 800

Buchungsmerkmale	QUITTUNG	Buchungsmerkmale
von Firma Herrn Frau Frl.	Mister Belie	
für	Wagen instandsetzen	
	RM. 600 Rpf.	
in Worten RM.	Sechshundert	Rpf.
dankend erhalten zu haben wird hiermit bescheinigt.		
München	den 30. Januar 1947	
Ost		
Vereinigte Werkstätten für Karosserie und Wagenbau G. m. b. H. München 8, Wiener Pl. 7 u. 8 <small>Präsidentenpalast und Umlandstraße</small> <i>H. H. H. H.</i>		

KONRAD LÖHR
 INH. HANS LÖHR
 Reichs-Firmen-Nummer 10850/6999
 Auto- und Motorrad-
 Reparaturwerkstätten und Garagen



Vertretung für Auto, Motorräder, Lieferwagen

München, den 13. Febr. 1947.
 Münchenerstr. 47, Tel. 80162

RECHNUNG

für Refuge Kontroll. München-Solln.

Bank-Konto: Dresdner Bank Filiale München, Dep.-Kasse Mchn. 2, Marienplatz 11-12 / Städt. Sparkasse München, Haupt-
 stanzstelle Pasing - Postcheck-Konto München Nr. 8253

Willys Auto rep. den Auspuff ausgebaut repariert geschweisst u. eingebaut.	R.R.	R.R.
		28.00
	Rmk.	28.00
Betrag <i>28.00</i> erhalten 13.2.47		

Reklamationen werden nur innerhalb 8 Tagen berücksichtigt. Gerichtsstand und Erfüllungsort München-Pasing.

KONRAD LÖHR
 INH. HANS LÖHR
 Reichs-Firmen-Nummer 10850/6999
 Auto- und Motorrad-
 Reparaturwerkstätten und Garagen



Vertretung für Auto, Motorräder, Lieferwagen

München, den 15. Januar 1947.
 Münchenerstr. 47, Tel. 80162

RECHNUNG

für Refuge Control München/Solln

Bank-Konto: Dresdner Bank Filiale München, Dep.-Kasse Mchn. 2, Marienplatz 11-12 / Städt. Sparkasse München, Haupt-
 stanzstelle Pasing - Postcheck-Konto München Nr. 8253

Jan. 14.	BMW Auto rep. Kotflügel ausgerichtet, Scheinwerfer eingebaut, Auspuffrohr abgedichtet, die Winker nachgesehen, den Anlasser nachgesehen, die Verkleidung an der Rücklehne befestigt, Stoszdämpfer eingebaut, die Bremse überholt, Beläge erneuert, die Zündung nachgesehen, den Motor eingestellt, Getriebe u. Differenzialöl nachgefüllt. Material: 2 Bremsbeläge 40 Mieten 1 Scheinwerferglas 1 Auspuffdichtung 1 1/2 lt. Getriebeöl Div. Kleinmaterial	R.R.	R.R.
			145.00
			12.00
			1.60
			6.00
			1.00
			3.00
			4.00
		Rmk.	172.60

Reklamationen werden nur innerhalb 8 Tagen berücksichtigt. Gerichtsstand und Erfüllungsort München-Pasing.

18 Feb 47

CERTIFICATION

I certify that I have expended the sum of 395 RM
for documents forwarded to the Hq on 18 February 1947
(cf. MSC/MEMO/131).

B.A. Holtzman
B.A. Holtzman

APPROVED:

Mr. H. Hecksher

I hereby certify that I have received from
Bill Holtzmann 300 marks for the purpose of purchasing
a pair of ice skates for SAILOR. ✓

Signed

George Belic

George Belic

Belic

13 February 1947

*Sailor is an agent, now awaiting
safe haven preparations.*

POSTING VOUCHER

DATE: 28 February 1947

VOUCHER NO. 358

TYPE OF FUNDS: _____ AMOUNT: _____ RATE: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: Attached

DEBIT ADVT: _____

	DR.	CR.	POSTING INITIALS
--	-----	-----	------------------

CASH INVENTORY		30.00	
----------------	--	-------	--

ADVANCES: _____ (NAME)

TRANSFERS: <u>Stockholm</u> (Station)	30.00		
---------------------------------------	-------	--	--

CONVERSIONS

EXCHANGE

MISCELLANEOUS RECEIPTS:

EXPENSE

CURRENT ACCOUNTS

TOTALS

DISTRIBUTION OF VOUCHERS:

NO. OF	01	02	03	04	05	06	07	08	09

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

SECRET

NOTIFICATION OF TRANSFER OF FUNDS
ON ACCOUNTS

Date 28 February 1947

Number _____

TO : STOCKHOLM _____
(Designation of Station (Address)
to be charged or credited)

FROM: HEIDELBERG _____
(Designation of (Address)
initiating station)

Your account has been (~~Charged - Credited~~) on our books
as follows: (Cross out one)

Type of Funds SCRIP Amount \$ 30.00 Rate _____ US Dollar
Equivalent 30.00

Identification of individual (If applicable): _____

Helen E. Morgan

If transfer is on account of an advance of funds show date on
which advance was originally made: (If the amount transferred
represents a balance due, rather than a single advance made on
this date, explain under remarks.)

DESCRIPTION: Personal advance made to Miss Morgan during
her stay in Heidelberg

REMARKS: _____

Type of Funds _____ Amount \$ _____
F. H. Hargens
(Signature of Special Funds Officer)

Form No. 33-9
Sep 1946

SECRET

POSTING

DATE: 28 February 1947

VOUCHER NO. 259

TYPE OF VOUCHER: _____ AMOUNT: _____ RATE: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

ATTACHED TO: Attached

OFFICE ADDRESS: _____

	DR.	CR.	POSTING INITIALS
CASH & VOUCHERS		56.32	
ADVANCES: _____ (Name)			
TRANSFERS: _____ (Station)			
CONVEYANCES			
EXCHANGE			
ISSUANCES RECEIPTS:			
OTHER: _____	56.32		
INTER ACCOUNTS			
TOTALS			

DISTRIBUTION OF EXPENSES:

BRANCH	01	02	03	04	05	06	08	09
IB		56.32						

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

SECRET

No. _____

VOUCHER FOR PAYMENT OF PER DIEM
AND/OR TRAVEL EXPENSES

Number of Payees: Harry K. Hermsdorf Position: Spr. Officer

Priority and Basis for Payment: Foreign Duty Data Sheet dated 12 Feb. 47

From 1200 18 Feb. (inclusive) To 2400 26 Feb. (inclusive)
(Hour) (Date) (Hour) (Date)

Attach complete itinerary of traveler on reverse side hereof, including date and hour of departures and arrivals and mode of transportation.

Per Diem See reverse
(No. of Days) (Rate per day)

Transportation See reverse

Incidental Travel Expenses (Itemize on reverse side hereof) See reverse

TOTAL \$ 56.32

paid in Scip Par 56.32
(Type of Currency) (Rate of Exchange) = (Amount)

APPROVED FOR PAYMENT:

Signature Harry K. Hermsdorf

Date _____ Title _____

I CERTIFY that I have received the above amount for the period and purpose stated, and that I have not been, nor will I be, reimbursed from any other source.

(Signature or self-applied Number of Payee)

I CERTIFY that the above payment has been made to the individual whose name appears above.

(Signature of Finance Officer Making Payment)

- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full payroll name.

Feb. 18	Left Washington for POE, Gravelley Point	1630
21	Left Airport via ATC	1600
	Arrived Bermuda	2345
22	Left Bermuda	0300
	Arrived Azores	1400
	Left Azores	1800
23	Arrived Paris	0500
25	Left Paris	1500
	Arrived Wiesbaden	1700
	Left Wiesbaden Govt. vehicle	1900
	Arrived Frankfurt	2000
27	Left Frankfurt via Govt. vehicle	1000
	Arrived Heidelberg	1200

PER DIEM:

~~19-26~~

~~59.50~~

Feb. 18	1/2 day @ 6.00	3.00
19-20	2 days @ 6.00	12.00
21	16 hours @ 6.00	4.00
	8 hours @ 7.00	2.32
22-26	5 days @ 7.00	<u>35.00</u>
		56.32

POSTING VOUCHER

DATE: 28 February 1947

VOUCHER NO. 360

NAME OF FUNDS: _____ AMOUNT: _____ RATE: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: T/A from Bern dated 18 Feb. 1947

INITIALS AND SIGNATURE: _____

	CR.	POSTING INITIALS
--	-----	------------------

CASH INVENTORY

ADVANCES: _____
(NAME)

TRANSFERS: Berne
(STATION)

2.07

CONVERSIONS

EXCHANGE

MISCELLANEOUS RECEIPTS:

SYSTEMS 2.07

CURRENT ACCOUNTS

TOTAL:

DISTRIBUTION OF SYSTEMS:

01 | 02 | 03 | 04 | 05 | 06 | 08 | 09

IB | | | | | | | 2.07

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

POSTING

DATE: 28 Feb 47

VOUCHER NO. 361

TYPE OF VOUCHER: AMOUNT: RATE: VALUE IN TERMS OF PRINCIPAL CURRENCY

REFERENCE: Attached

DESCRIPTION: Final payment at this station to Anne Curtis depart US on PCS

	DR.	CR.	POSTING INITIALS
CASH INVENTORY		69.80	
ADVANCES: (NAME)			
TRANSFERS: (STATION)			
CONVERSIONS			
EXCHANGE			
MISCELLANEOUS RECEIPTS:			
TYPING Allowance		19.80	
Salary		50.00	
OTHER ACCOUNTS			
TOTALS			

DEPARTMENT OF DEFENSE:

BRANCH	01	02	03	04	05	06	08	09

SPECIAL INFORMATION OR INSTRUCTIONS:

VOUCHER PREPARED BY: APPROVED BY: AUDITED BY:

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 9/2/47 to 8/3/47
 NAME OR NUMBER OF PAYEE ANNE CURTIS Position CODE CLERK

	Annual Rate	Am't. Payable
-----	\$ <u>2644.80</u>	<u>50.00</u>
In _____		<u>50.00</u>
Type Currency	Rate of Exchange	(Amount)
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).		

Departed U.S. on PCS. L & Q paid thru 2 March 1947

	Annual Rate	Am't. Payable
Quarters allowance	\$ _____	\$ _____
Cost of living allowance	\$ _____	\$ _____
Special Foreign Living allowance	\$ <u>1092-70%</u>	\$ <u>19.80</u>
aid in _____		<u>19.80</u>
Type Currency	Rate of Exchange	(Amount)
		TOTAL <u>69.80</u>

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

- I have taken NO hours of _____ leave from _____ to _____, during this period.
- Quarters and/or meals were furnished me as follows: _____

Date _____ 19__ Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment _____

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay roll name.

SECRET

POSTING VOUCHER

DATE: 27 Feb 47

VOUCHER NO. 362

TIME FOR FUNDS: _____ AMOUNT: _____ RATE: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: Attached

DESCRIPTION: _____

	DR.	CR.	POSTING INITIALS
CASH INVENTORY Scrup	30.25	Sterling 7:10 (30.26)	
ADVANCES: _____ (Name)			
TRANSFERS: _____ (Station)			
CONVERSIONS	30.26	30.26	
EXCHANGE Equalization	.01		
MISCELLANEOUS RECEIPTS:			
EXPENSES			
OTHER ACCOUNTS:			
TOTAL			

DISTRIBUTION OF COPIES:

01 | 02 | 03 | 04 | 05 | 07 | 08 | 09

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

SECRET

INTERNAL VOUCHER

28 Feb 47 194

I CERTIFY that I have received this date from the Finance Officer the following monies for the purpose(s) indicated. I FURTHER CERTIFY that the monies I receive will be used only for the best interests of the Government and not for any personal or individual gain.

ADVANCE TO BE PROPERLY ACCOUNTED FOR IN FULL

PURCHASE OF SUPPLIES AND/OR MATERIAL

SERVICES

PURCHASE OF

OFFICIAL ENTERTAINMENT

PAYROLL: PERIOD

SALARY

ALLOWANCES

TRAVEL REIMBURSEMENT

£ 7:10 Pounds AS CONVERSION OF \$30.25

TOTAL

30.25

SIGNATURE

WILLIAM E. PALAZS

TITLE & BRANCH

CHIEF, Communications

VOU. NO.

SECRET

POSTING VOUCHER

DATE: 27 Feb 47

VOUCHER NO. 363

TYPE OF EXPENSES: AMOUNT: RATE: VALUE IN TERMS OF PRINCIPAL CURRENCY

REFERENCE: Attached

DETAILS: Expenses and per diem for trip to London for William R.

Balags

	DR.	CR.	POSTING INITIALS
CASH INVENTORY		151.42	
ADVANCES:			
(NAME)			
TRANSFERS:			
(STATEMENT)			
CONTRIBUTIONS			
EXCHANGE			
MISCELLANEOUS RECEIPTS:			
(STATEMENT)	151.42		
OTHER ACCOUNTS			

DISTRIBUTION OF AMOUNTS:

BY: 01 02 03 04 05 06 07 08 09

COMMO **151.42**

SPECIAL INFORMATION OR INSTRUCTIONS:

PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

SECRET

VOUCHER FOR PAYMENT OF PER DIEM
AND TRAVEL EXPENSES

Number of Payees: WILLIAM E. BALAZS Position: LIAISON OFFICER

Priority and Basis for Payment: G-33-47 dtd 14 Feb 47

From 0001 17/2/47 (inclusive) To 2400 27/2/47 (inclusive)
(Hour) (Date) (Hour) (Date)

Set complete itinerary of travel on reverse side hereof, including date and hour of departures and arrivals and mode of transportation.

Per Diem <u>11</u>	<u>7.00</u>	* <u>77.00</u>
(No. of Days)	(Rate per day)	
Transportation		* <u>65.42</u>
Incidental Travel Expenses (Itemize on reverse side hereof)		* <u>9.00</u>
TOTAL		* <u>151.42</u>

Paid in Script par = \$151.42
(Type of Currency) (Rate of Exchange) (Amount)

APPROVED FOR PAYMENT:

Date Feb 28, 1947

Signature [Signature]
Title Communication Officer

I CERTIFY that I have received the above amount for the period and purpose stated, and that I have not been, nor will I be, reimbursed from any other source.

(Signature or self-supplied Number of Payee)

I CERTIFY that the above payment has been made to the individual whose name appears above

(Signature of Finance Officer Making Payment)

- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full payroll name.

17 Feb	Left Heidelberg via gov't trans	1430	
18 Feb	Arrived Paris	0730	
	Left Paris via comm. Trans	1200	
	Arrived London	1650	
	Cost of Air ticket to London and return to Paris		52.71
25 Feb	Left London via comm. Trans	0800	
	Arrived Paris	1730	
26 Feb	Left Paris via gov't warrant	2000	
27 Feb	Arrived Heidelberg	0930	
	Cost of Berth on train		12.71
	11 day per diem @ 7.00		77.00
	Paris taxi fr station to hotel and return		5.00
	London taxi fr station to hotel and return		4.00
			<u>\$151.42</u>

SECRET

No. G-33-47

WAR DEPARTMENT DETACHMENT
U.S. FORCES, EUROPEAN THEATER
APO 757

DATE: 14 Feb 47

TRAVEL ORDERS

NAME: WILLIAM E. PALMS TITLE: LIAISON OFFICER

OFFICIAL STATION: Heidelberg, Germany BRANCH: COMMUNICATIONS

You are hereby authorized to travel in accordance with the Standardized Government Travel Regulations and applicable provisions of Public Law 126-79th Congress during the period and for the purpose indicated below:

FROM: Heidelberg, Germany TO: Paris, London and return

DATE EFFECTIVE: 17 Feb 47, or as soon thereafter as practicable for a period of approximately fifteen days.

PURPOSE: TDY connection with communications project

MODE OF TRAVEL AUTHORIZED AS INDICATED BELOW:

- Military Vehicle () Common Carrier
() Military Aircraft Commercial Aircraft

PER DIEM ALLOWANCE: \$7.00 per day. 20% of the per diem allowance will be deducted for each meal and or lodging furnished without charge by a Government Agency. 15% of the per diem allowance will be deducted for each meal and/or lodging purchased from the Military or another branch of the Government drawing rations from the military or providing quarters by arrangement with the military.

FRANK H. LANGENG
Special Funds Officer

SECRET

POSTING VOUCHER

DATE: 17 Feb 47

VOUCHER NO. 365

TYPE OF FUND: scrip AMOUNT: 102.00 PART: par VALUE IN TERMS OF PRINCIPAL CURRENCY 102.00

REFERENCE: Attached

REMARKS:

	DR.	CR.	POSTING INITIALS
--	-----	-----	------------------

CASH IN HAND		102.00	
--------------	--	--------	--

ADVANCES: (none)

TRANSFERS: (none)

CONVERSIONS

EXCHANGE

MISCELLANEOUS RECEIPTS:

EXPENSES 102.00

OTHER ACCOUNTS

RESERVE

DATE OF DEPOSIT OF INTERESTS:

MO '01 '02 '03 '04 '05 '06 '07 '08 '09

SERVICES 102.00

SPECIAL INFORMATION OR INSTRUCTIONS:

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

ACQUISITION AND ACCOUNTING REPORTS

Date: 17 Feb 47 Branch: SERVICES No: _____

To: Special Funds Officer HEIDELBERG
STATION

Disbursement of Special Funds in amount of \$102.00

To: _____

For Essential tools for the motor pool

_____ is hereby authorized.

These funds are required for official business of a confidential nature and are to be cleared to _____

AUTHORIZED BY:

Attached
(Signature) _____ (Title)

This is to certify that I have received \$102.00
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

XXX The disbursement of these funds was made in accordance with above authorization and is evidenced by attached documents.

I will account to the organization for the proper disbursement of these funds and return any unexpended balance by _____
(Date of completion of mission, project, etc.)

Initial applicable paragraph

Sign'd: John L. Hadden
JOHN L. HADDEN
1st Lt. Eng.

CITY GARAGE

LUXEMBOURG-G, -rue Jos. Jundt, 7
à 50 m de la Gare Centrale
Téléph. 45-73 et 69-44

N° 000911

MSGARAGE-EQUIPMENT

A PAYER 13.2.47			
12	jauges pour soupape	80.-	
12	lignes pour contact	16.-	
50	m. cable 2 fils 2x1	12.50	
12	Interrupteur à tirer	24.-	
	enveloppe Englebert box 16	2.45	
	1 rep. chambre au, rulleauisation		
	<i>Sur acquit</i>		pr. 14.45.-
	13.2.47		

POSTING VOUCHER

DATE: 17 Feb 47

VOUCHER NO. 366

TYPE OF FUNDS: Pounds AMOUNT: 1.10 RATE: 4.035 VALUE IN TERMS OF PRINCIPAL CURRENCY 6.05

REFERENCE: Attached

DESCRIPTION: CONVERSION OF POUNDS STERLING TO SCRIP

	DR.	CR.	POSTING INITIALS
CASH INVENTORY			
Sterl 1:10 (6.05)		Scrip 6.05	
ADVANCES: _____ (Trans)			
TRANSFERS: _____ (Station)			
CONVERSIONS	6.05	6.05	
EXCHANGE			
MISCELLANEOUS RECEIPTS:			
EXPENSE			
OTHER ACCOUNTS			
TOTALS			

DISTRIBUTION OF INITIALS:
 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09
 " | " | " | " | " | " | " | " | "

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

SECRET

INTERNAL VOUCHER

17 Feb 47
~~CONFIDENTIAL~~

I CERTIFY that I have received this date from the Finance Officer the following monies for the purpose(s) indicated. I FURTHER CERTIFY that the monies I receive will be used only in the best interests of the Government and not for any personal or individual gain.

ADVANCE TO BE PROPERLY ACCOUNTED FOR IN FULL _____

PURCHASE OF SUPPLIES AND/OR MATERIAL _____

SERVICES _____

PURCHASE OF _____

OFFICIAL ENTERTAINMENT _____

PAYROLL: PERIOD _____

SALARY _____

ALLOWANCES _____

TRAVEL REIMBURSEMENT _____

6.05 US CONVERSION OF 1:10 _____

TOTAL 6.05

SIGNATURE *Henry Wunsch*

TITLE & BRANCH HENRY WUNSCH

VOU. NO. _____

SECRET

POSTING VOUCHER

DATE: 17 Feb 47

VOUCHER NO. 367

TYPE OF FUNDS: scrip AMOUNT: 43.59 VALUE IN TERMS OF PRINCIPAL CURRENCY 43.59

REFERENCE: Attached

OFFICIAL SIGNATURE:

	DR.	CR.	POSTING INITIALS
CASH INVENTORY		43.59	
ADVANCES: _____ (Fund)			
TRANSFERS: _____ (Station)			
COMMODITIES			
EXCHANGE			
DISBURSEMENTS RECEIPTS:			
EXPENSE	43.59		
OTHER ACCOUNTS			
TOTALS			

DISTRIBUTION OF COPIES:

BRANCH (2) 03 04 05 07 08 09
COMMO 43.59

SPECIAL INFORMATION OR INSTRUCTIONS:

VOUCHER PREPARED BY: APPROVED BY: AUDITED BY:

SECRET

No. _____

VOUCHER FOR PAYMENT OF PER DIEM
AND/OR TRAVEL EXPENSES

Name or Number of Payee: William E. Balazs Position: Liaison Officer

Priority and Basis for Payment: G-31-47 Travel Order dtd 8 Feb 47

From: 0001 (Hour) 9/2/47 (Date) (inclusive) To 2400 (Hour) 15/2/47 (Date) (inclusive)

1. Complete itinerary of traveler on reverse side hereof, including date and hour of departures and arrivals and mode of transportation.

Per Diem 7 (No. of Days) 7.00 (Rate per day) 43.50

Transportation _____

Incidental Travel Expenses (Itemize on reverse side hereof) _____

TOTAL \$ _____

Paid in scrip (Type of Currency) par (Rate of Exchange) = 43.50 (Amount)

* APPROVED FOR PAYMENT:

Signature _____

Date _____ Title _____

I CERTIFY that I have received the above amount for the period and purpose stated, and that I have not been, nor will I be, reimbursed from any other source.

William E. Balazs
(Signature or self-applied Number of Payee)

I CERTIFY that the above payment has been made to the individual whose name appears above

(Signature of Finance Officer Making Payment)

- * Not required if payment is in accordance with Washington authorization.
- ** Not required if voucher is signed by payee with full payroll name.

9 Feb 47	Left Heidelberg via gov't trans.	0600	
	Arrived Karlsruhe	0715	
	Left Karlsruhe via comm. train	0830	
	Cost of trans Karlsruhe to Vienna		7.19
10 Feb	Arrived Vienna	0915	
13 Feb	Left Vienna via gov't trans	2150	
16 Feb	Arrived Karlsruhe	0100	
	Left Karlsruhe via gov't trans.	0130	
	Arrived Heidelberg	0300	

7 days @ 7.00		49.00	
Less: 3 billets furnished @ 1.40		4.20	
8 meals purchased fr govt facil			
@ 1.05		8.40	
			<u>36.40</u>
			<u>43.59</u>

22.54

SECRET

No. G-31-47

WAR DEPARTMENT DETACHMENT
U.S. FORCES, EUROPEAN THEATER
APO 757

DATE: 8 February 1947

TRAVEL ORDERS

NAME: WILLIAM E. BALAZS TITLE: LIAISON OFFICER

OFFICIAL STATION: Heidelberg, Germany BRANCH: COMMUNICATIONS

You are hereby authorized to travel in accordance with the Standardized Government Travel Regulations and applicable provisions of Public Law 126-79th Congress during the period and for the purpose indicated below:

FROM: Heidelberg, Germany TO: VIENNA, AUSTRIA AND RETURN

DATE EFFECTIVE: 8 FEBRUARY 1947, or as soon thereafter as practicable for a period of approximately 10 days.

PURPOSE: JDY connections communications project.

MODE OF TRAVEL AUTHORIZED AS INDICATED BELOW:

() Military Vehicle () Common Carrier
() Military Aircraft () Commercial Aircraft

PER DIEM ALLOWANCE: \$7.00 per day. 20% of the per diem allowance will be deducted for each meal and or lodging furnished without charge by a Government Agency. 15% of the per diem allowance will be deducted for each meal and/or lodging purchased from the military or another branch of the Government drawing rations from the military or providing quarters by arrangement with the military.

FRANK H. KATZENG
Special Funds Officer

SECRET

ORIGINAL NO. 1 COPY

101957

ACCOUNTABLE U.S. AGENCY

U.S. ARMY

AUSTRIAN R.R.

Warrant No. 101957

CENTRAL RAILWAY WARRANT

BON DE CHEMIN DE FER

DES KLEINEN REISZUGSFAHRSCHEIN

For the movement by
Pour le transport à compter par train
Mit Zug

ORIENT-EXPRESS

train

De From VIENNA

To Nach SALZBURG

Via
Par
Über

	Number Zahl	Weight Poids Gewicht	Axes Essieux Achsen	km	
Officers Officiers					Mr. BALAS Caf 12
Enlisted men Hommes de Troupe Mannschaften					Hq. War Dep. AG Office 20 June 1946; Washington
Citizens Zivilisten	1				Sleepers authorized 13 February 1947
Baggage Cepach					Car 3 Berth # 4

Signed
Carré
Commodore

W. J. ...

RTO VIENNA

RTO or
Issuing
Agency
Date
Datum

W. J. ...

by W. Janiczek

13 February 1947

Instructions

Prescriptions

Departs Vienna 21:50

Benutzungsbestimmung

Departure station stamp
Timbre de la gare de départ
Stempel des Abgangsbahnhofs

13 Febr. 1947



PROCUREMENT AUTHORITY

ORDRE DE PROCURATION REFERENCE
ANSCHAFFUNGS-ERMÄCHTIGUNG

701 - 1 - 23 432 - 02 - 270425 - 3103 - 999

IMPORTANT - If conductor fails to collect give to RTO or Stationmaster at destination.

Exemplar No. 1 is certified by passenger and turned over to gateman at departure station. If no gateman, train conductor will pick it up.

Exemplar No. 2 is retained by passenger, presented to train conductor if required and turned over to destination gateman.

Exemplar No. 3 is copy for file at originating agency.

Army Book 494 A, Chd. 1 April 1946

NOTE - PROCUREMENT AUTHORITY TO BE EXTRACTED FROM ORDERS

Exemplar No. 1 A signer per le voyageur et remettre à l'employé en passant sur le quai de la Gare de Départ. S'il n'y a pas d'employé, remettre cet exemplaire au conducteur de train.

Exemplar No. 2 A conserver par le voyageur - A présenter au conducteur de train s'il le demande - A remettre à la sortie de la Gare de Destination.

Exemplar No. 3 A conserver dans les Archives du Conducteur ayant établi le Billet.

NOTE - ORDRE DE PROCURATION REFERENCE EXTRAITE L'AUTORISATION DE VOYAGE

Teil 1 wird bei Antritt der Reise von der Eisenbahn abgenommen. Falls auf dem Abgangsbahnhof keine Sperre vorhanden, ist vom Zugbegleitpersonal abzunehmen.

Teil 2 geht als Fahrkarte mit bei der Fahrkartenprüfung auf Verlangen vorzulegen und bei Beendigung der Reise auf dem Zielbahnhof abzugeben.

Teil 3 durch Ausfertigung ist für die Akten der ausfertigenden Dienststelle bestimmt.

NOTE - ANSCHAFFUNGS-ERMÄCHTIGUNG LAUT ANORDNUNG

POSTAL VOUCHER

DATE: 18 Feb 47

VOUCHER NO. 369

TYPE OF FUNDS: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY: _____

AFFILIATE: Attached

REMARKS: _____

	DR.	CR.	POSTING INITIALS
CASH IN HAND			
Scrp	35.00		
Advances			
TRANSFERS			
CONVERSIONS	35.00	35.00	
EXCHANGE Equalization		.02	
MISCELLANEOUS RECEIPTS:			
EXPENSE			
OTHER ACCOUNTS			
TOTALS			

DISTRIBUTION OF VOUCHERS:

01 02 03 04 05 06 08 09

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

INTERNAL VOUCHER

18 Feb 47

~~22 Feb 1947~~

I CERTIFY that I have received this date from the Finance Officer the following monies for the purpose(s) indicated. I FURTHER CERTIFY that the monies I receive will be used only for the best interests of the Government and not for any personal or individual gain.

ADVANCE TO BE PROPERLY ACCOUNTED FOR IN FULL

PURCHASE OF SUPPLIES AND/OR MATERIAL

SERVICES

REPAIRS OF

OFFICIAL ENTERTAINMENT

PAYROLL: PERIOD

SALARY

ALLOWANCES

TRAVEL REIMBURSEMENT

150 S/F AS COMPENSATION OF 35.00

34.75

TOTAL 35.00

SIGNATURE J. X. [Signature]

TITLE & BRANCH

VOU. NO.

SECRET

POSTING VOUCHER

DATE: 18 Feb 47

VOUCHER NO. 369

CHEF OF FUNDS: Reichsmarks ACCOUNT 240,000 RATE: .10 VALUE IN TERMS OF PRINCIPAL CURRENCY \$24,000.00

REFERENCE: _____

DESCRIPTION: PURCHASED BY BERNE FOR HEIDELBERG PER WASH #5447 DATED 11 JAN 47. BERNE CHARGED WASH IN SWISS FRANC COST.

	D.	CR.	POSTING INITIALS
CASH INVENTORY	24,000.00		
ADVANCES: _____ (and)			
TRANSFERS: <u>WASHINGTON</u>		24,000.00	
CONVERSIONS			
EXCHANGE			
MISCELLANEOUS RECEIPTS:			
EXPENSES			
OTHER ACCOUNTS			
TOTALS			

DISBURSMENT OF INTERESTS:

01	02	03	04	05	06	07	08	09
----	----	----	----	----	----	----	----	----

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

SECRET

NOTIFICATION OF TRANSFER OF FUNDS
OR ACCOUNTS

Date 18 Feb 47

Number _____

TO : WASHINGTON _____
(Designation of Station (Address)
to be charged or credited)

FROM: HEIDELBERG _____
(Designation of (Address)
initiating station)

Your account has been (~~Debited~~ - Credited) on our books
as follows: (Cross out one)

Type of Funds Reichsmark Amount \$240,000 Rate .10 US Dollar Equivalent \$24,000.00

Identification of individual (if applicable): _____

If transfer is on account of an advance of funds show date on which advance was originally made: (If the amount transferred represents a balance due, rather than a single advance made on this date, explain under remarks.)

DESCRIPTION: PURCHASED BY BERNE FOR HEIDELBERG PER WASH #5447

DATED 11 JAN 47. BERNE CHARGED WASHINGTON IN SWISS FRANK CASH

REMARKS: _____

(Signature of Special Funds Officer)

Form No. 33-9
Sep 1946

SECRET

POSTING VOUCHER

DATE: 20 Feb 47

VOUCHER NO. 370

TYPE OF
BILLS: Res AMOUNT: 154 RATE: .10 PRINCIPAL CURRENCY \$15.40

REFERENCE: Attached

DESCRIPTION: Payment to Language instructors

	DR.	CR.	POSTING INITIALS
CASH IN HAND		15.40	
ADVANCES: _____ (Name)			
TRANSFERS: _____ (Station)			
COMMISSIONS			
EXCHANGE			
DISCONTINUOUS RECEIPTS:			
EXPENSE	15.40		
OTHER ACCOUNTS			
TOTALS			

DISTRIBUTION OF AMOUNTS:

	01	02	03	04	05	06	08	09
TOTAL	15.40							

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

REQUISITION AND/OR ACCOUNTING REQUEST

Date: 20 Feb 47 Branch: Chief of Mission No: _____

To: Special Funds Officer Heidelberg
STATION

Disbursement of Special Funds in amount of RM 154 Reichsmarks

To: Elwood Backenstoss

For: Payment to language instructors

_____ is hereby authorized.

These funds are required for official business of a confidential nature and

are to be charged to Chief of Mission

AUTHORIZED BY:

Prior approval of COM
(Signature) (Title)

This is to certify that I have received 154 Rms (\$15.40)
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

I The disbursement of these funds was made in accordance with
above authorization and is evidenced by attached documents.

I will account to the organization for the proper disbursement
of these funds and return any unexpended balance
by _____
(Date of completion of mission, project, etc.)

Signed, Elwood Backenstoss
ELWOOD BACKENSTOSS

* Initial applicable paragraph

Heidelberg, den 17. Febr. 1947

Abrechnung für die Zeit v. 11. - 15. Febr. 1947

<u>H. Buchheim</u>	.....	4	Stv.	.....	12.-
<u>C. Schubert</u>	.....	4	"	.....	12.-
<u>A. Trabold</u>	.....	4	"	.....	12.-
<u>H. Reichensperger</u>	.....	4	"	.....	12.-
<u>H. Koenneweg</u>	.....	4	"	.....	12.-
<u>H. Vogt</u>	.....	3	"	.....	9.-
<u>Hrl. Krüger</u>	.....	4	"	.....	12.-
<u>Hrl. Burkhardt</u>	.....	4	"	.....	12.-
<u>Hrau Sukoffsky</u>	.....	4	"	.....	12.-
<u>Hrl. Swaitzky</u>	.....	4	"	.....	12.-
<u>Hrl. Gähne</u>	.....	4	"	.....	12.-
<u>W. Müller-Seidel</u>	.....				25.-

.....
164 . - RM

Müller-Seidel

Heidelberg, den 17. Febr. 1947

154. - Alle erhalten

für die Jahre

v. 10. - 17. Febr 1947

11. Febr 47

Mutter - Sedelg.

POSTING VOUCHER

DATE: 20 Feb 47

VOUCHER NO. 371

TYPE OF FUNDS: Scrip AMOUNT: 1436.45 RATE: par VALUE IN TERMS OF PRINCIPAL CURRENCY: 1436.45

REFERENCE: Attached

DESCRIPTION: PURCHASE OF OPERATIONAL SUPPLIES

	DR.	CR.	POSTING INITIALS
CASH INVENTORY		1436.45	
ADVANCES:			
(name)			
TRANSFERS: <u>Berne</u>	67.30		
(location)			
CONTRACTS			
EXCHANGE			
MISCELLANEOUS RECEIPTS:			
EXPENSES	1369.15 ✓		
OTHER AMOUNTS			
TOTALS			

DISTRIBUTION OF DEBITEDS:

	01	02	03	04	05	06	07	08	09
INTELL								1436.45	
								1369.15	

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

23

REQUISITION AND ACCOUNTING FOR FUNDS

Date: 20 Feb 47 Branch: SUPPLY No:

To: Special Funds Officer HEIDELBERG
STATION

Disbursement of Special Funds in the amount of \$1369.15

By: CAPTAIN HARLAND H. HEDRICK, TC

For: PURCHASE OF OPERATIONS SUPPLIES

_____ is hereby authorized.
These funds are required for official business of a confidential nature and
are to be charged to SUPPLY

AUTHORIZED BY:

(Signature) (Title)

This is to certify that I have received \$1369.15
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

- XXXX The disbursement of these funds was made in accordance with
above authorization and is evidenced by attached documents.

or _____ I will account to the organization for the proper disburse-
ment of these funds and return any unexpended balance
by _____
(Date of completion of mission, project, etc.)

Initial applicable paragraph

signed: Harland H Hedrick
HARLAND H. HEDRICK
Captain, TC

SECRET

NOTIFICATION OF TRANSFER OF FUNDS
OR ACCOUNTS

Date 20 Feb 47 Number _____

TO : BERNE _____
(Designation of Station (Address)
to be charged or credited)

FROM: HEID-LEERG _____
(Designation of (Address)
initiating station)

Your account has been (~~Charged - Credited~~) on our books
as follows: (Cross out one)

Type of Funds scrip Amount \$ 67.30 Rate per US Dollar Equivalent 67.30

Identification of individual (If applicable): _____

If transfer is on account of an advance of funds show date on which advance was originally made: (If the amount transferred represents a balance due, rather than a single advance made on this date, explain under remarks.)

DESCRIPTION: PURCHASE FROM ANZON FUNDS OF PX SUPPLIES FOR

BERNE. BILL ATTACHED.

REMARKS: _____

(Signature of Special Funds Officer)

Form No. 33-9
Sep. 1946

SECRET

✓ Perf. 4c	30 bottles	\$491	98.20
✓ Face Powder	94 boxes	75	70.50
✓ Soaps	- 60 boxes	3.00	180.00
✓ Cigarettes	- 1300 Ch	80	910.00
✓ Laundry Soap	- 600	0.05	30.00
✓ Tooth Paste	- 160	0.15	24.00
✓ Alpha. Cream	- 100	0.08	8.00
✓ Combs	- 15	0.05	.75
✓ Shampoos	- 50	0.75	37.50
✓ Nail Pol. Rem. & Enamel	- 50	0.07	3.50
✓ Vanils	- 10	0.45	4.50
✓ Face Creams	- 10	0.22	2.20

\$ 1369.15

Paid.

Daniel De Waelt
 Daniel De Waelt
 MANAGER

Tooth Brushes

50

REQUISITION

To: _____ No. of Sheets _____ Sheet No. _____

Requisition No. _____ Date 19 Feb 47 Period _____

XXXXXXXX Purchased from Army Exchange Service

Requested By (show Signature, Rank, Organization, Destination. If different from "sent to" include address):

Approved By:

STOCK No.	ARTICLES	UNIT	QUANTITY	RECEIVED Received	REQUIRED	APPROXIMATE Cost
	Perfume	btl	20		\$ 4.51	98.20
	Face powder	box	94		\$.75	70.50
	Cigars	box	60		\$ 3.00	180.00
	Cigarettes	ctn	1300		\$ 70.00	910.00
	Soap, laundry	bar	600		\$.05	30.00
	Tooth paste	tube	160		\$.15	24.00
	Shaving cream	tube	100		\$.08	8.00
	Combs	ea	15		\$.05	.75
	Lipstick	tube	30		\$.75	37.50
	Nail polish remover	btl	50		\$.07	3.50
	Towels	ea	10		\$.45	4.50
	Face towels	ea	10		\$.22	2.20
						1369.15

✓ Cig.	60 lbs	@.70	42.00
✓ Tooth Paste	34	@.15	3.60
✓ Shampoos	20	@.20	4.00
✓ Hair Cream	5	@.18	.90
✓ Spring Tamale	24	@.13	3.12
✓ Blanded	28	@.17	4.76
✓ Soap	2	@.75	1.50
✓ Ultra Seltzer	8	@.40	3.20
✓ Chewing Gum	44	@.04	1.76
✓ Tobacco Snuff	4	@.11	.44
✓ Soap	3	@.20	.60
✓ Colgate L.P.	(4 (20 lbs))	@.07	.28
✓ Hair Oil	2	@.10	.20
✓ Tooth Brush	2	@.12	.24
✓ Hair Polish	1	@.10	.10
✓ Hair Cream	13	@.04	.60
Paid			15 245.30
Dorothy L. Ward			42.00
P. M. MANAGER			<u>67.30</u>

REQUISITION

To: _____ No. of Sheets _____ Sheet No. _____

Requisition No. _____ Date _____ Period _____

~~REQUISITION~~ Purchased from Army Exchange Service

Requisitioned By (show Signature, Rank, Organization, Destination. If different from "sent to" include address):

APPROVED BY:

STOCK No.	ARTICLES	UNIT	ON HAND AND DUE	REQUISITION RECEIVED	REQUIRED	REQUISITION COST
	Cigarettes	ctns		60	0 .70	42.00
	Tooth paste	tube		24	0 .15	3.60
	Shampoo	can		20	0 .20	4.00
	Shaving cream	tube		5	0 .18	.90
	Tomato juice	can		24	0 .13	3.12
	Blended juice	can		28	0 .17	4.76
	Lipstick	tube		2	0 .75	1.50
	Alka Seltzer	btl		8	0 .40	3.20
	Chewing gum	pkg		44	0 .04	1.76
	Tobacco, smoking	pkg		4	0 .11	.44
	Kotex	pkg		3	0 .20	.60
	Razor blades, Gillette	pkg		4	0 .07	.28
	Hair oil	btl		2	0 .10	.20
	Tooth brushes	each		2	0 .12	.24
	Shoe polish	box		1	0 .10	.10
	Lifesaver	pkg		15	0 .04	.60
						67.30

To be filled to Switzerland

POSTING VOUCHER

DATE: 28 February 1947

VOUCHER NO. 372

NAME OF FUNDS: _____ AMOUNT: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: attached

INITIALS: _____

	DR.	CR.	POSTING INITIALS
CASH INVENTORY		300.00	
ADVANCES: _____ (name)			
TRANSFERS: _____ (station)			
CONTRIBUTIONS			
EXCHANGE			
MISCELLANEOUS RECEIPTS:			
EXPENSE	300.00		
OTHER ACCOUNTS			
TOTALS			

DISTRIBUTION OF AMOUNTS:

CLASS	01	02	03	04	05	06	08	09
IB	300.00							

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

REQUISITION AND/OR ACCOUNTING FOR FUNDS

Date: 28 February 1947 Branch: Intelligence Number: _____

TO: Special Funds Officer, Heidelberg
(Station)

Disbursement of Special Funds in the amount of \$200.00 (23,792 Fr.)
100.00 (4,377 Belg.)

TO: Captain Marchand

For: Payment to Agents - Frances, DeJohnge, Freida.

_____ is hereby authorized.

These funds are required for official business of a confidential nature and are to be charged to _____
(Branch, Project, Function, Etc.)

AUTHORIZED BY:

(Signature) (Title)

* * * * *

This is to certify that I have received \$300.00
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

* _____ The disbursement of these funds was made in accordance with above authorization and is evidenced by attached documents.

* _____ I will account to the organization for the proper disbursement of these funds and return any unexpended balance _____
(Date of completion of mission, monthly, etc.)

Signed: Hans L. Marchand
Hans L. Marchand
Captain, CAC

* Initial applicable paragraph.

3

SECRET

28 February 1947

MEMORANDUM

SUBJECT: Salaries for the month of February

TO : Finance Officer

1. Requested that this field base be issued \$266.66 in U. S. currency - preferably in \$20.00 bills. This amount of currency represents the salaries of "HYPO" and "HEIHEL".
2. Requested that \$200.00 in French francs be issued to this field base. This represents the salary for "FRANCES".
3. Requested that \$100.00 in Belgian francs be issued to this field base. This represents the salary for "FREIDA" and the salary for Jean Dejohnge.


HANS L. MARCHAND
Capt., CAC

no

SECRET

POSTING VOUCHER

DATE: 28 February 1947

VOUCHER NO. 373

TYPE OF FUNDS: _____ AMOUNT: _____ : VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: Attached

DETAILS ABOUT: _____

	DR.	CR.	POSTING INITIALS
CASE INVENTORY		U.S. \$266.00	
		scrip .65	
ADVANCES: _____ (Name)			
TRANSFERS: _____ (Station)			
CONVERSIONS			
EXCHANGE			
MISCELLANEOUS RECEIPTS:			
EXPENSE	266.66		
OTHER ACCOUNTS			
Exchange equalization		.01	

DISTRIBUTION OF EXPENSES:

	01	02	03	04	05	09	08	09
Intell.	266.66							

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

REQUISITION AND/OR ACCOUNTING FOR FUNDS

Date: 28 February 1947 Branch: Intelligence Number: _____

TO: Special Funds Officer, Heidelberg
(Station)

Disbursement of Special Funds in the amount of \$166.66

TO: Captain Marchand

For: February salary for von Stasiak-Stessi. Copy of
contract in Washington files.

_____ is hereby authorized.

These funds are required for official business of a confidential nature and are to be charged to _____
(Branch, Project, Function, Etc.)

AUTHORIZED BY:

(Signature) (Title)

This is to certify that I have received 166.66
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

* _____ The disbursement of these funds was made in accordance with above authorization and is evidenced by attached documents.

* _____ I will account to the organization for the proper disbursement of these funds and return any unexpended balance _____
(Date of completion of mission, monthly, etc.)

Signed: *Hans L. Marchand*
Hans L. Marchand
Captain, CAC

* Initial applicable paragraph.

4

REQUISITION AND/OR ACCOUNTING FOR FUNDS

Date: 28 February 1947 Branch: Intelligence Number: _____

TO: Special Funds Officer, Heidelberg
(Station)

Disbursement of Special Funds in the amount of \$100.00

TO: Captain Marchand

For: February salary for Kubiczek. Copy of contract
in Washington files.

_____ is hereby authorized.

These funds are required for official business of a confidential nature and are to be charged to _____
(Branch, Project, Function, Etc.)

AUTHORIZED BY:

(Signature) (Title)

This is to certify that I have received 100.00
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

- * _____ The disbursement of these funds was made in accordance with above authorization and is evidenced by attached documents.
- * _____ I will account to the organization for the proper disbursement of these funds and return any unexpended balance _____
(Date of completion of mission, monthly, etc.)

Signed: Hans L. Marchand
Hans L. Marchand
in Captain, CAC

* Initial applicable paragraph.

POSTING VOUCHER

DATE: 28 February 1947

VOUCHER NO. 374

TYPE OF VOUCHER: _____ AMOUNT: _____ DATE: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: Attached

DATE ADDED: _____

	DR.	CR.	POSTING INITIALS
CASH INVENTORY		2,000.00	
ADVANCES: Heidelberg Field B.	2,000.00		
(Off Marchand			
TRANSFERS: _____			
(Station)			
CONTINGENTS			
ELECTRIC			
MISCELLANEOUS RECEIPTS:			
TRAVEL			
OTHER ACCOUNTS			
TOTALS			

DISCREPANCY OF INTERESTS: _____

DISC. CR. 01 02 03 04 05 06 07 08 09

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

DISBURSEMENT AND ACCOUNTING BY FUNDS

Date: 28 Feb 47 Branch: INTELLIGENCE No: _____

To: Special Funds Officer HEIDELBERG

Disbursement of Special Funds in the amount of 20,000 Rms (\$2000.00)

To: CAPTAIN HANS MARCHAND, CAC

For: OPERATIONAL ADVANCE TO THE HEIDELBERG FIELD STATION

_____ is hereby authorized.

These funds are required for official business of a confidential nature and are to be charged to INTELLIGENCE

AUTHORIZED BY:

<u>ATTACHED</u>	_____
(Signature)	(Title)

This is to certify that I have received 20,000 Rms (2000.00)
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

• _____ The disbursement of these funds was made in accordance with above authorization and is evidenced by attached documents.

• XXXX I will account to the organization for the proper disbursement of these funds and return any unexpended balance by _____
(Date of completion of mission, project, etc.)

• Initials of Special Funds Officer

*Witness: J. M. Martinson
for Capt Hans Marchand*

6

POSTING VOUCHER

DATE: 28 February 1947

VOUCHER NO. 375

NAME OF FUNDS: _____ AMOUNT: _____ BAL: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: Attached

DESCRIPTION: _____

	DR.	CR.	POSTING INITIALS
--	-----	-----	------------------

CASH INVENTORY		50.00	
----------------	--	-------	--

ADVANCE: _____ (Date)

TRANSFERS: _____ (Station)

CONVERSIONS

EXCHANGE

DISCONTINUOUS RECEIPTS:

TYPE OF	50.00		
---------	-------	--	--

OTHER ACCOUNTS

DISTRIBUTION OF RECEIPTS:

BRANCH	01	02	03	04	05	06	08	09
--------	----	----	----	----	----	----	----	----

Intell.						50.00		
---------	--	--	--	--	--	-------	--	--

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

REQUISITION AND/OR ACCOUNTING FOR FUNDS

Date: 28 Feb., '47 Branch: Intell. Number: _____

TO: Special Funds Officer, Heidelberg
(Station)

Disbursement of Special Funds in the amount of \$ 50.00

TO: 'Roman'

For: Furnishing U. S. funds upon his return to
the U. S.

_____ is hereby authorized.

These funds are required for official business of a confidential nature and are to be charged to Intell.
(Branch, Project, Function, Etc.)

AUTHORIZED BY:

Attached

(Signature)

(Title)

This is to certify that I have received \$ 50.00
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

* XXXXXXXX The disbursement of these funds was made in accordance with above authorization and is evidenced by attached documents.

* _____ I will account to the organization for the proper disbursement of these funds and return any unexpended balance _____
(Date of

completion of mission, monthly, etc.)

Signed: _____

S. LEBINGTON

* Initial applicable paragraph.

CONFIDENTIAL

23 February 1947

SUBJECT: Request for operational funds
TO : Special Funds Officer

1. It is requested the sum of \$ 50.00 in Scrip be advanced the undersigned for the purpose of purchasing a money order to be made payable to Roman, one of our people who is being returned to the U. S. and with whom we are severing connections.

2. It is considered desirable that subject be furnished with a sum of U. S. currency upon his arrival in the U. S.


S. LEVINGTON
Chief, Operations

CONFIDENTIAL

POSTING VOUCHER

DATE: 24 Feb 47

VOUCHER NO. 376

TYPE OF FUNDS: Scip AMOUNT: 117.25 : PRINCIPAL CURRENCY 117.25

REFERENCE: Attached T/A - BERN. DATED 4 FEB. 149.35
117.25

DETAILS:

	DR.	CR.	POSTING INITIALS
--	-----	-----	------------------

CASH INVENTORY

ADVANCES: _____
(name)

TRANSFERS: Berne 117.85
(station)

COMMISSIONS

EXCHANGE

MISCELLANEOUS RECEIPTS:

EXPENSE 117.85

OTHER ACCOUNTS

FOOTING

DISTRIBUTION OF EXHIBITS: _____ 07

CLASSIFICATION: 01 02 03 04 05 06 ~~07~~ 09

INTELL _____ 117.25

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

POSTING VOUCHER

DATE: 19 Feb 47

VOUCHER NO. 377

TYPE OF FUNDS: scrip AMOUNT: 140.19 RATE: par VALUE IN TERMS OF PRINCIPAL CURRENCY 140.19

REFERENCE: Attached

DETAILS: Repayment and/or accounting for advance made to Mr. C. Lewis by Barne

	DR.	CR.	POSTING INITIALS
CASH INVENTORY	11.48		
ADVANCES: <u>Lewis</u> (<u>Barne</u>)	140.19	140.19	
TRANSFERS: <u>Barne</u> (<u>Barne</u>)		140.19	
CONVERSIONS			
EXCHANGE			
DISCONTINUED RECEIPTS:			
POSTAGE	128.73		
OTHER ACCOUNTS			
TOTALS			

DISTRIBUTION OF TOTALS:

	01	02	03	04	05	06	08	09
		128.73						

SPECIAL INFORMATION OR INSTRUCTIONS:

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

ACQUISITION AND ACCOUNTING FOR FUNDS

Date: 19 Feb 47 Branch: CHIEF OF MISSION No: _____

To: Special Funds officer HEIDELBERG
STEFAN

Disbursement of Special Funds in the amount of 128.75

To: MR. CROSBY LEWIS

For: OFFICIAL EXPENSES in connections with trip to Berne, Switzer-
land for Mr. C. Lewis.

_____ is hereby authorized.

These funds are required for official business of a confidential nature and
are to be charged to CHIEF OF MISSION

AUTHORIZED BY:

(Signature) (Title)

This is to certify that I have received 128.75
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

The disbursement of these funds was made in accordance with
above authorization and is evidenced by attached documents.

I will account to the organization for the proper disburse-
ment of these funds and return any unexpended balance
by _____
(Date of completion of mission, project, etc.)

* Initial applicable paragraph

Signed: *Crosby Lewis*
CROSBY LEWIS
Chief of Mission

Telephone: 2.45.81
 Telegramme: Palacehotel

Bellevue-Palace

GRAND HOTEL ET BERNERHOF - BERNE

H. Schmid
 Directeur

N^o 418

NOTE pour M.

M. & Mrs. Crosby Leiro

C. p. O.

Mois	6											
	Fr.	Cts	Fr.	Cts	Fr.	Cts	Fr.	Cts	Fr.	Cts	Fr.	Cts
1947												
M. J. E. D.												
Appartement	40	-										
Arrangement	1	-										
Renchérissement de vie												
Chambre et Pension domest.	4	-										
Supplément de chauffage												
Déjeuner Restaurant												
» Appartement			6	-								
Oeufs, Fruits, Fromages, etc.												

M. C. Leiro
 Berne, le 7.2.47
 Note Hôtel
 Remise - Déduction
 Pour acquit:
 Bellevue-Palace Berne Débours du Conc.
 Le caissier Service

Fr.	Cts
57	70
83	0
66	-

Vins												
Eaux			150									
Bière												
Spiritueux												
Blanchissage, Repassage												
Bains												
Téléphone			480									
Appareils électr., Radio												
Admission chien												
Taxe de logement			20									
Timbre			20									
Total du jour	4540		1230									
Report			4540									
Total			5770									
Paiement												
Débours												
Service %			830									
	66											

Service: 1-2 jours . . . 15%
 3-4 jours . . . 12%
 5 jours et plus . . . 10%

Tournez s. v. p.

MM. les clients sont priés de régler leur note de semaine le jour après présentation.

Telephone: 2.45.81
 Telegramme: Palacehotel

Bellevue-Palace

GRAND HOTEL ET BERNERHOF - BERNE

H. Schmid
 Directeur

No 4/18
 changé au N°

NOTE pour M. *Mrs. Carl Mrs. Coraly Louis*

C. p. _____ O.

Mois <u>Févr.</u> 1947	13		14		15		16		Fr.	Cts.	Fr.	Cts.	Fr.	Cts.	Fr.	Cts.	Fr.	Cts.	
	Fr.	Cts.	Fr.	Cts.	Fr.	Cts.	Fr.	Cts.											
M & E D																			
Appartement	40.-		45.-		45.-														
Arrangement	1.-		1.-		1.-														
Renchérissement de vie																			
Chambre et Pension domest.	4.-		4.-		4.-														
Supplément de chauffage.																			
Déjeuner Restaurant																			
» Appartement			6.-		6.-		6.-												
Oeufs, Fruits, Fromages, etc.			2.-		2.-		2.-												
Orangeade, Citronade.																			
Lunch Restaurant																			
» Appartement																			
Diner Restaurant																			
» Appartement																			
A la carte																			
Pâtisserie																			
Thé, Café, Lait, etc.																			
Vins																			
Eaux																			
Bière																			
Spiritueux																			
Blanchissage, Repassage	16.-																		
Bains			..50		..40		1.30												
Téléphone																			
Appareils électr., Radio																			
Admission chiens																			
M. A. C. Louis																			
Berne, le 16.2.47																			
Note validée: <u>16.11</u>																			
Remise - Déduction: <u>1.30</u>																			
Pour acquit: <u>18.50</u>																			
Bellevue-Palace Berne Déboura de Cenc. <u>2.-</u>																			
Le dossier: Service <u>19.80</u>																			
<u>185.80</u>																			
CANTON DE BERNE																			
20																			
%																			
16.																			
2.- Suppl. par																			

Service: 1-2 jours . . . 15%
 3-4 jours . . . 12%
 5 jours et plus . . . 10%

Tournez s. v. p.

M.M. les clients sont priés de régler leur note de semaine le jour après présentation.

POSTING VOUCHER

DATE: 24 Feb 47

VOUCHER NO. 3782

TYPE OF INSTRUMENTS: scrip AMOUNT: 116.82 RATE: par VALUE IN TERMS OF PRINCIPAL CURRENCY: 116.82

REFERENCE: T/A attached GERN dated 14 February 1947

DETAILS: Personal loan to Mr. G. Lewis made by Berne and to be repaid in Heidelberg.

	DR.	CR.	POSTING INITIALS
CASH INVENTORY	116.82		
ADVANCES: <u>Lewis</u> (Name)	116.82	116.82	
TRANSFERS: <u>Berne</u> (Station)		116.82	
CONVERSIONS			
EXCHANGE			
MISCELLANEOUS RECEIPTS:			
FORFEIT			
OTHER ACCOUNTS			

TITLE

DISTRIBUTION OF MONTHS:									
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

POSTING VOUCHER

DATE: 24 Feb 47

VOUCHER NO. 379

TYPE OF FUNDS: scrip AMOUNT: 43.31 RATE: par PRINCIPAL CURRENCY 43.31

REFERENCE: Travel Order G-52-47 17D 13/2/47
DESCRIPTION: Confidential conference with American Liaison Section

	DR.	CR.	POSTING INITIALS
CASH INVENTORY		43.31	
ADVANCES: (change)			
TRANSFERS: (transfer)			
CONVERSIONS			
EXCHANGE	43.31		
MISCELLANEOUS RECEIPTS:			
EXPENSE			
CURRENT RESOURCES			

DISTRIBUTION OF FUNDS:	01	02	03	04	05	06	08	09
INTELL		43.31						

SPECIAL INFORMATION OR INSTRUCTIONS:

VOUCHER PREPARED BY: APPROVED BY: AUDITED BY:

SECRET

VOUCHER FOR PAYMENT OF PER DIEM
AND/OR TRAVEL EXPENSES

Name or Number of Payee: SIDNEY H. LEMINGTON Position: CHIEF, OPERATIONS

Rate and Basis for Payment: G-31-47 dated 18 Feb 47

From 0001 19/2/47 (inclusive) To 2400 23/2/47 (inclusive)
(Hour) (Date) (Hour) (Date)

List complete itinerary of travel on reverse side hereof, including date and hour of departures and arrivals and mode of transportation.

Per Diem	<u>5</u>	<u>7.00</u>	<u>35.00</u>
	(No. of Days)	(Rate per day)	
Transportation			<u>8.31</u>
Incidental Travel Expenses (Itemize on reverse side hereof)			<u> </u>
TOTAL			<u>43.31</u>

paid in SCRIP D&F = 43.31
(Type of Currency) (Rate of Exchange) (Amount)

APPROVED FOR PAYMENT:

Date: 24 Feb. 1947 Signature: Sidney H. Lemington
Title: Chief, Operations

I CERTIFY that I have received the above amount for the period and purpose stated, and that I have not been, nor will I be, reimbursed from any other source.

(Signature or self-applied Number of Payee)

I CERTIFY that the above payment has been made to the individual whose name appears above.

(Signature of Finance Officer Making Payment)

- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full payroll name.

FORM NO. 33-6
1-1946

19 Feb	Left Heidelberg via gov't trans	1800	
20 Feb	Arrived Paris	0730	
22 Feb	Left Paris via gov't warrant	2000	
	Cost of berth on train 989 French Frances		8.31
23 Feb	Arrived Karlsruhe	0900	
	Left Karlsruhe via gov't trans	0930	
	Arrived Heidelberg	1030	
5 days per diem @ 7.00			<u>35.00</u>
			<u>\$43.31</u>

1/3
1/4

3

SECRET

No. G-32-47

WAR DEPARTMENT DETACHMENT
U.S. FORCES, EUROPEAN THEATER
APO 757

DATE: 13 February 1947

TRAVEL ORDERS

NAME: SIDNEY E. LENINGTON TITLE: CHIEF, OPERATIONS

OFFICIAL STATION: Heidelberg, Germany BRANCH: INTELLIGENCE

You are hereby authorized to travel in accordance with the Standardized Government Travel Regulations and applicable provisions of Public Law 126-79th Congress during the period and for the purpose indicated below:

FROM: Heidelberg, Germany TO: PARIS, FRANCE AND RETURN

DATE EFFECTIVE: 18 FEBRUARY 1947, or as soon thereafter as practicable for a period of approximately seven days.

PURPOSE: CONFIDENTIAL CONFERENCE WITH AMERICAN LIAISON SECTION

MODE OF TRAVEL AUTHORIZED AS INDICATED BELOW:

() Military Vehicle () Common Carrier
() Military Aircraft () Commercial Aircraft

PER DIEM ALLOWANCE: \$7.00 per day. 20% of the per diem allowance will be deducted for each meal and or lodging furnished without charge by a Government Agency. 15% of the per diem allowance will be deducted for each meal and/or lodging purchased from the military or another branch of the Government drawing rations from the military or providing quarters by arrangement with the military.

FRANK H. MANGEN
Social Funds Officer

SECRET

COMPAGNIE INTERNATIONALE DES WAGONS-LITS
 ET DES GRANDS EXPRESS EUROPÉENS (S. A.)
 R. C. Suisse 106.250

Bulletin de 2^e CLASSE

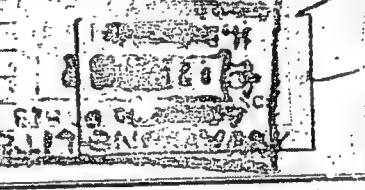
F N° 187499

Agence: **Colm 17**
 Date: **9/2/12**

Départ de la gare de **Paris** à **9h 00** (les dimanches et jours fériés)
 (Nuit de **9/2** au **9/3**) à **9h 00** minutes.

NOMBRE DE PLACES	PARCOURS	NUMÉROS DES PLACES	VOYAGE N°	PRIX PERÇU			
				DETAIL	PAR PLACE	TOTAL	
1	Paris à Hambourg Train N° 5	18	III	Supplément, Location et Taxes diverses	932		
				Droit de service	57		
				PRIX PERÇU		989	989

Le voyageur montera à **Paris**
 Titre de Transport N°
 Nom **Walter Hennig**
 Adresse **El Tiller, Suisse**
 Carte d'identité n° **USA**



Le droit de service au Conducteur EST PERÇU / N'EST PAS PERÇU
 Rayer la mention inutile.

Avis officiel important au voyageur.

POSTING VOUCHER

DATE: 24 Feb 47

VOUCHER NO. 371

TYPE OF TRANSFER: Pounds St AMOUNT: 4:12:02 RATE: 4.035 VALUE IN TERMS OF PRINCIPAL CURRENCY 18.59

REFERENCE: Attached

OFFICE: _____

	DR.	CR.	POSTING INITIALS
CASH INVENTORY Sterling	18.59 (4:12:2)	Scrup 18.60	
ADVANCES: _____ (none)			
TRANSFERS: _____ (Station)			
CONTRIBUTIONS	18.60	18.60	
EXCHANGE Equalization	.01		
MISCELLANEOUS RECEIPTS:			
TYPE OF _____			
OTHER ACCOUNTS			
TOTALS			

DISTRIBUTION OF COPIES:

BRA C/O	01	02	03	04	05	06	07	08	09

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

SECRET

INTERNAL SECURITY

24 Feb 47 194

I CERTIFY that I have received this date from the Finance Officer the following monies for the purpose(s) indicated. I FURTHER CERTIFY that the monies I receive will be used only for the best interests of the Government and not for any personal or individual gain.

ADVANCE TO BE PROPERLY ACCOUNTED FOR IN FULL _____

PURCHASE OF SUPPLIES AND/OR MATERIALS _____

• • SERVICES _____

PURCHASE OF _____

OFFICIAL ENTERTAINMENT _____

PAYROLL PERIOD _____

SALARY _____

ALLOWANCES _____

TRAVEL REIMBURSEMENT _____

\$18.60 AS COMMISSION OF 4:12:02 Pounds Sterling

TOTAL _____

SIGNATURE *Perry Lewis*
PERRY LEWIS

TITLE & BRANCH _____

VOU. NO. _____

SECRET

POSTING VOUCHER

DATE: 24 Feb 47

VOUCHER NO. 381

TYPE OF FUNDS: Res AMOUNT: 5000 RATE: .10 VALUE IN TERMS OF PRINCIPAL CURRENCY 500.00

REFERENCE: Attached

DESCRIPTION: OPERATIONAL ADVANCE TO CAPT. HANS L. MARCEMED

	DR.	CR.	POSTING INITIALS
CASH IN VENTURE		500.00	
ADVANCE: <u>MARCEMED</u> (NAME)	500.00		
TRANSFERS: <u>(STATION)</u>			
CONTRIBUTIONS			
EXCHANGE			
MISCELLANEOUS RECEIPTS:			
TRUSTS			
OTHER ACCOUNTS			
TOTALS			

DISTRIBUTION OF INTERESTS:

BRANCH	01	02	03	04	05	06	08	09

SPECIAL INFORMATION OR INSTRUCTIONS:

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

ACQUISITION AND ACCOUNTING FOR FUNDS

Date: 24 Feb 47 Branch: INTELL. No: _____

To: Special Funds officer HEIDELBERG
STATION

Disbursement of Special Funds in the amount of 5,000 RMs (500.00)

To: Capt. Hans L. Marchand

For: _____

_____ is hereby authorized.

These funds are required for official business of a confidential nature and

are to be charged to INTELLIGENCE

APPROVED BY:

Attached _____
(Signature) (Title)

This is to certify that I have received \$500.00 (5,000 Rms)
(Amount and type of funds)

from the Special Funds Officer for the purpose as above authorized.

_____ The disbursement of these funds was made in accordance with
above authorization and is evidenced by attached documents.

XXX I will account to the organization for the proper disburse-
ment of these funds and return any unexpended balance
by _____
(Date of completion of mission, project, etc.)

Initial applicable paragraph

Sign d: Hans L. Marchand
O. D. Fleming

SECRET

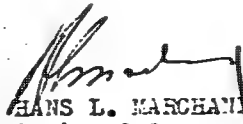
24 February 1947

MEMORANDUM

SUBJECT: Advance of Funds

TO : Finance Officer

1. Request that this office be issued 5,000 RM.


HANS L. MARCHAND
Capt., CAC

SECRET

POSTING VOUCHER

DATE: 25 Feb 47

VOUCHER NO. 382

TYPE OF FUNDS: _____ ACCOUNT: _____ BAL: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: Attached

DESCRIPTION: Purchase of Electrical Equipment

	DR.	CR.	POSTING INITIALS
CASH INVENTORY		145.40	
ADVANCES: _____ (NAME)			
TRANSFERS: _____ (STATION)			
CONVERSIONS			
RECHARGE			
MISCELLANEOUS RECEIPTS:			
EXPENSES	145.40		
OTHER ACCOUNTS			
TOTALS			

DISTRIBUTION OF EXPENSES:

LINE	C1	C2	C3	C4	C5	C6	C8	C9
SUPPLY		25.40					120.00	
							145.40	

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

REQUISITION AND/OR ACCOUNTING FOR FUNDS

Date: 25 Feb 47 Branch: SUPPLY No: _____

To: Special Funds Officer HEIDELBERG
STATION

Disbursement of Special Funds in the amount of 145.40 (17,297 French Francs)

To: Captain Harlan H. Hedrick, Capt, TC

For: PURCHASE OF ELECTRICAL EQUIPMENT WHICH COULD NOT BE
PROCURED FROM ARMY SOURCES.

_____ is hereby authorized.

These funds are required for official business of a confidential nature and
are to be charged to SUPPLY

APPROVED BY:

ATTACHED
(Signature) _____ (Title)

This is to certify that I have received \$145.40 (17,297 French Francs)
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

* XXXX The disbursement of these funds was made in accordance with
above authorization and is evidenced by attached documents.

* _____ I will account to the organization for the proper disbur-
sement of these funds and return any unexpended balance
by _____
(Date of completion of mission, project, etc.)

Initial applicable paragraph

Sign of Harlan H. Hedrick
HARLAN H. HEDRICK
Capt. TC

24 February 1947

SUBJECT: Purchase of supplies

TO : Special Funds Officer
thru Lt. Col. L.E. Kubler, Ord.,
Executive Officer

FEB 24 1947

1. Following is the detailed accounting of disbursements and expenses incurred during my trip to Strasbourg over Feb 22 to Feb 23, 1947, for the purpose of purchasing electrical equipment to be used for official organizational purposes and which equipment could not be procured from Army sources. Accompanying me was Sgt. Ziegner, who assisted me in locating and procuring the items purchased.

Bill No. 1	---	6,514.-- Fr. Fcs.
" " 2	---	2,793.-- Fr. Fcs.
" " 3	---	2,312.50 Fr. Fcs.
" " 4	---	<u>2,366.70 Fr. Fcs.</u>

Total cost of supplies 14,276.20 Fr. Fcs

2. Following is accounting for personal expenses during trip for both Sgt. Ziegner and the undersigned

Hotel bill (receipt attached)	895.-- Fr. Fcs.
Garage bill (receipt attached)	80.-- Fr. Fcs.
Meals (No receipt attached Lunch, supper, 22 Feb)	<u>2,045.50 Fr. Fcs.</u>

Total personal expenses 3,020.50 Fr. Fcs

3. Total expenses, both for supplies and living costs during trip amounted to 17,296.70 Fr. Fcs.

4. I certify that above statement is true and correct and that none of the expenses listed were made for personal benefit.

Harold E. Thompson
 HAROLD E. THOMPSON
 Capt. F.C.,
 Procurement Officer

1st Ind.

TO: Special Funds Officer

24 February 1947

Approved

L. E. Kubler
 L. E. KUBLER
 Lt. Colonel, Ord.,
 Executive Officer

STRAßBURG

ELECTRICITE MODERNE

62 RUE DU JEU-DES-ENFANTS, 62

STRASBOURG

TÉLÉPHONE No

Anz.	Datum	Preis	
25	220	39.90	997.50
20	"	39.60	792
10	160	50.60	506.-
6	100	80.20	481.20
			2782.70
arr.			2783

1900/10
 Date: 1900/10
 Signature: Charlotte

Devis de réclamation et de change pour le présent devis

50 Amp	32 48	-	200.-
6 Amp	24 30	-	120.-
10 Amp	40	-	400.-
1	40	-	200.-
24 Amp	42	-	840.-
30 Amp	15	-	450.-
50 DZ	15 32	-	1100.-
20 DZ	15 30	-	600.-

Vendeur: 11/2
50/10
 Frs. 6.860.-
102
6.962.-
348.-
6.614.-

19

STRASBOURG (G. RHN)
 24, Rue de la Bourse, 24

ARTICLES	Fr.	Cts
25 Amp 32/40	38.-	1330.-
15 Amp 40	65.50	982.50
		2312.50

ETABLISSEMENTS
MICHEL WAIGEL

STRASBOURG, le 22.2.47. 194

MAISON D'ÉLECTRICITÉ
 APPAREILLAGE MÉNAGER
 INSTALLATIONS RADIO

STRASBOURG
 23, Avenue de la Forêt-Noire
 Téléphone No 281.02
 Registre de Commerce 153.19
 C. Ch. P. CAUX 154.70

FACTURE

pour

10	Birnen Tageslicht 220Volt-200Watt	241.20	2412.---
5	" 220Volt-100 Watt	79.--	395.---
		Fr.	2807.---
	baisse 5%		140.30
	TOTAL Fr.		2666.70

le 23 9 1947

Doit M *Podvinsk*

Garage

N° 532

Voiture	Numéro de Police	Type	Puissance
<i>Jeep Willys</i>	<i>17152</i>		

Entrée le 22 9 H 10 00 Sortie le 23 9 H 13 45

Quantité		Prix Unitaire	Prix Total
1	Garage avec nettoyage		80
	Lavage		
	Graissage		

N° 532

Laissez-passer

Visa de la comptabilité autorisant la sortie et recollé par la caisse.

[Signature]

164 (stock) 11-46 - 100 car.

LE NOUVEL HOTEL



PLACE KLÉBER
4, RUE DES FRANCS BOURGEOIS
STRASBOURG
R. C. Strasbourg 2321

Télé. | | :
| | :
Adress Télégraphiques :
NOUVELH | | :
| | :

NOTE pour MESSIEURS HEDRICK

N° 05011

Appartement N° 212/1

Même Direction :
Etablissement de la Maison Empire
Grand Hôtel National

Formule Adm. 1.003-01

Mois	1947	22	23			
REPORT Fra			713 -			
Pension						
Appartement		713 -				
Location au Mois						
Bains						
Petits Déjeuners						
Œufs						
Service Appartement						
Note-Restaurant						
Vins						
Spiritueux						
Eaux Minérales						
Bières						
Café, Thé, Chocolat						
Pension Courriers						
Autobus, Bagages						
Total du jour à reporter fra.		713 -	713 -			
Service 15%			107 -			
Débours Concierge						
Blanchissage						
Taxes d'Etat			75 -			
Taxes Locales						
Timbres						
TOTAL Fra			895 -			

Les Notes d'Hotel sont payables le lendemain de la tenue.

.....
Votre clef d'appartement S.V.P.

Fiche de Départ

N° _____

M. _____

Appt N° _____

N° 05011

Note	
Service 15%	
Débours	
Taxes d'Etat	
Taxes Locales	
Timbres	
TOTAL	

MEMORANDUM:

21 Feb 47

TO : Mr. Mangang, Finance Officer
FROM : Capt. Hedrick, Supply Officer

It is requested that I be advanced the sum of 186 dollars in French France for the purpose of purchasing electrical equipment in Strassbourg. This advance will be accounted for by the undersigned.

Harlan E. Hedrick

HARLAN E. HEDRICK
Capt. T.C.,
Supply Officer.

*Approved as requested
J. Schultz*

POSTING VOUCHER

DATE: 26 Feb 47

VOUCHER NO. 293

TYPE OF FUNDS: scrip AMOUNT: 147.00 VALUE IN TERMS OF PRINCIPAL CURRENCY: 147.00

REFERENCE: Attached

DESCRIPTION: Exchange of Scrip for U. S. Dollars for operational salary given to Mr. Lewis for payment to employee.

	DR.	CR.	POSTING INITIALS
CASH INVENTORY			
<u>Scrip</u>	<u>147.00</u>	<u>U. S. 147.00</u>	
ADVANCES: _____ (Name)			
TRANSFERS: _____ (Station)			
CONTRIBUTIONS	<u>147.00</u>	<u>147.00</u>	
EXCHANGE			
MISCELLANEOUS RECEIPTS:			
EXPENSE			
OTHER ACCOUNTS			
TOTALS			

DISTRIBUTION OF COPIES:

BRANCH: 01 02 03 04 05 06 07 08 09

SPECIAL INFORMATION OR INSTRUCTIONS:

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

SECRET

INTERNAL VOUCHER

26 JUL 1947

I CERTIFY that I have received this date from the Finance Officer the following monies for the purpose(s) indicated. I FURTHER CERTIFY that the monies I receive will be used only for the best interests of the Government

and not for any personal or individual gain.

ADVANCE TO BE PROPERLY ACCOUNTED FOR IN FULL _____

PURCHASE OF SUPPLIES AND/OR MATERIAL _____

SERVICES _____

PURCHASE OF _____

OFFICIAL ENTERTAINMENT _____

PAYROLL PERIOD _____

SALARY _____

ALLOWANCES _____

TRAVEL REIMBURSEMENT _____

\$ 147.215 AS CONVERSION OF \$ 147 SERIP

TOTAL: 147.00

SIGNATURE Linda J. Jones

TITLE & BRANCH Amazon

VOU. NO. _____

SECRET

POSTING VOUCHER

DATE: 26 Feb 47

VOUCHER NO. 387

TYPE OF FUNDS: _____ AMOUNT: _____ BALANCE: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: Attached

DESCRIPTION: Exchange of Pounds Sterling for C. Lewis

	DR.	CR.	POSTING INITIALS
CASH INVENTORY	<u>Sterling 10 sch (2.02)</u>	<u>200 Scrip</u>	
ADVANCES:	_____ (Name)		
TRANSFERS:	_____ (Station)		
OTHER ACCOUNTS			
	<u>2.02</u>	<u>2.02</u>	
EXCHANGE Equalization		<u>.02</u>	
VISITATION RECEIPTS:			
EXPENSE			
OTHER ACCOUNTS			
TOTALS			

DISTRIBUTION OF EXPENSES:

BRANCH	01	02	03	04	05	06	07	08	09

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

SECRET

FEDERAL VOUCHER

26 JUL 1947

I CERTIFY that I have received this date from the Finance Officer the following monies for the purpose(s) indicated. I FURTHER CERTIFY that the monies I receive will be used only for the best interests of the Government and not for any personal or individual gain.

AMOUNT TO BE PROPERLY ACCOUNTED FOR IN FULL

PURCHASE OF SUPPLIES AND/OR MATERIALS

• • SERVICES

PERCENT OF

OFFICIAL EMPLOYMENT

TRAVEL: PERIOD

SALARIES

ALLOWANCES

TRAVEL REIMBURSEMENT

2.02 reimburse CONVERSION OF 10 reimburse

TOTAL

2.02

SIGNATURE

Cornel, Amzon

TITLE & BRANCH

Corn, Amzon

VOU. NO. _____

SECRET

POSTING VOUCHER

DATE: 27 Feb 47

VOUCHER NO. 375

TYPE OF FUNDS: Scrd AMOUNT: 15.40 : par VALUE IN TERMS OF PRINCIPAL CURRENCY 15.40

REFERENCE: Attached

DESCRIPTION: Payment of German Instructors salary per previous approval of the Chief of Mission

	DR.	CR.	POSTING INITIALS
CASH INVENTORY		15.40	
ADVANCES: _____ (date)			
TRANSFERS: _____ (station)			
CONTRIBUTIONS			
EXCHANGE			
MISCELLANEOUS RECEIPTS:			
TYPING	15.40		
OTHER ACCOUNTS			
TOTALS			

DISTRIBUTION OF FUNDS:

BRANCH	01	02	03	04	05	09	08	06
C OF M	15.40							

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

REGISTRATION AND ACCOUNTING FUNDS

Date: 27 Feb 47 Branch: CHIEF OF MISSION No: _____

To: Special Funds Officer HEIDELBERG

Disbursement of Special Funds in the amount of 15.40 (154 Rms)

To: ELWOOD BACKENSTOSS

For: Payment of Instructors salary.

_____ is hereby authorized.

These funds are required for official business of a confidential nature and are to be stated to CHIEF OF MISSION

APPROVED BY:

By previous approval of C of M _____
(Signature) (Title)

This is to certify that I have received 15.40 (154 Rms)
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

XXXX The disbursement of these funds was made in accordance with above authorization and is evidenced by attached documents.

I will account to the organization for the proper disbursement of these funds and return any unexpended balance by _____
(Date of completion of mission, project, etc.)

Initial applicable paragraph

Sign of: Elwood Backenstoss
ELWOOD BACKENSTOSS

Heidelberg, den 25.2.1947

Abrechnung der Sprachkurse für die Woche v.
18. - 22. Februar 1947 - Kapellenweg 2.

<u>Herr Buchheim</u> /	4 Std.	.....	12.- RM
<u>Herr Vogt</u> /	1 "	.....	3. -
<u>Herr Aenneweg</u>	2 "	.....	6. -
<u>Herr Schubert</u> /	4 "	.....	12. -
<u>Herr Trabold</u>	4 "	.....	12. -
<u>Herr Reichensperger</u>	4 "	.....	12. -
<u>Herr Dr. Arens</u>	4 "	.....	12. -
<u>Frl. Gähne</u>	4 "	.....	12. -
<u>Frl. Burkhardt</u> /	4 "	.....	12. -
<u>Frl. Sawitzky</u>	4 "	.....	12. -
<u>Frau Sukoffsky</u> /	4 "	.....	12. -
<u>Frl. Artger</u>	4 "	.....	12. -
<u>W. Müller-Seidel</u>			25.-

1 5 4 . -

Heidelberg, den 25. Februar 1947

Müller-Seidel

154 - Rm

Roller

27-2-47

Mr. Tidel

POSTING VOUCHER

DATE: 27 Feb 47

VOUCHER NO. 316

TYPE OF FUNDS: Scrap AMOUNT: 578.05 VALUE IN TERMS OF PRINCIPAL CURRENCY: 578.05
 RATE: ~~XXXXXX~~ par

REFERENCE: Attached

DESCRIPTION: Trip to Belgium for disposal of agent.

~~Transport personnel loan made to Capt. Conain in Belgium.~~

	DR.	CR.	POSTING INITIALS					
CASH INVENTORY	114.23 ✓	463.82						
ADVANCE: <u>Conain</u>	114.23 ✓	114.23						
TRANSFERS: <u>Brussels</u>		114.23						
CONVERSIONS								
EXCHANGE								
MISCELLANEOUS RECEIPTS:								
EXPENSE	463.82 ✓							
OTHER ACCOUNTS								
TOTALS								
DISBURSEMENT OF EXPENDITURES:								
AMOUNT	C1	C2	C3	C4	C5	C6	C8	C9
INTELL		463.82						

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

Contents UNCLASSIFIED
 104-185
 Date 25 April 1977

REQUISITION AND/OR ACCOUNTING FOR FUNDS

Date: 27 Feb 47 Branch: INTELLIGENCE No: _____

To: Special Funds Officer HEIDELBERG
STATION

Disbursement of Special Funds in the amount of 20,303 Belgium Francs (463.82)

To: Capt. L. E. Conain, Capt, Inf.

For: Expenses incurred on trip to Belgium for disposal of agent

_____ is hereby authorized.

These funds are required for official business of a confidential nature and are to be charged to INTELLIGENCE

AUTHORIZED BY:

ATTACHED
(Signature) _____ (Title) _____

This is to certify that I have received (463.82) 20303 Belgium Francs
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

- XXXX The disbursement of these funds was made in accordance with above authorization and is evidenced by attached documents.
- I will account to the organization for the proper disbursement of these funds and return any unexpended balance by _____
(Date of completion of mission, project, etc.)

Initial applicable paragraph

Signed: Lucien E. Conain
LUCIEN E. CONAIN
Capt, Inf.

Con

Contents UNCLASSIFIED
Date 25 April 1977

25 February 1947

TO : Special Funds Officer

SUBJECT: Reimbursement for Trip to Belgium

1. The following accounting is submitted for expenses incurred on a trip to Belgium for the purpose of survey of furniture, disposal of an agent and procurement of identity papers for Mr. P. I certify that the expenses shown hereon were incurred by me in the accomplishment of the above missions.

19 Feb.

Meals	(See Voucher 1)	fr.	436
Tips			100

20 Feb.

Meals	(See Voucher 2)	1391	fr
Tips		100	
Taxis		566	
Cable to Florence		500	

21 Feb.

Meals and tips, including entertain- ment of Commercial Attache to the American Embassy (See Vouchers 3 & 4)	3379
Taxis and incidentals, visiting American, Italian & Haitian Legations	740

22 Feb.

Meals and tips, including entertain- ment of Secretary to the Embassy and member of Military Attache's office (See Voucher 5)	3468
Taxis and incidentals	450

23 Feb.

Meals	(See Voucher 6)	1214
-------	-----------------	------

24 Feb.

Meals	585
Taxis and incidentals	160
Garage bill (See Vouchers 8 & 9)	610
Hotel Bill (See Voucher 10)	6604

Contents UNCLASSIFIED

8478
Date 25 April 1977

TOTAL

fr. 20303

APPROVED FOR PAYMENT:

Louis E. Kubler
LOUIS E. KUBLER, Lt. Col., ORD, Executive

Lucien E. Conein
LUCIEN E. CONEIN, Capt., Inf

VOUCHER No. 1

Alonein

VOUCHER 2

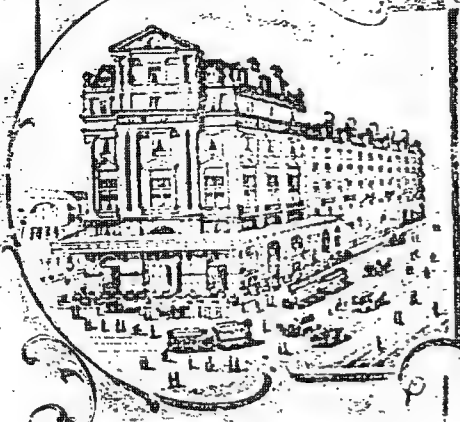
Reine

Restaurant	
continental	
2 Bisque	40
1 chateaux	300
2. ch.	
Bienvenue	18
ex	15
4	373
TIP	40
	<u>413</u>

VOUCHER 3

Blonci

TELEPHONES
17023
170232



HOTEL

Continental

PLACE DE BROUCHERE
REGISTRE DU COMMERCE BRUXELLES N° 401

BRUXELLES

2. breakfast	25. -
Room	560. -
2. taxis	15. -
<hr/>	
	700
Gratuity	100
<hr/>	
	800

TIP	100
<hr/>	
	900

VOUCHER IV

Griffin

Italia Restaurant

Bruxelles

Del Bono : Propriétaire

Table 8	Couvert
Coffret	60
Zupp	120
Encorget	350
Lillet	300
Desert	200
Bun	50
Cafe	50
Service	<u>1130</u>
	150
	<u>1280</u>
Tip	130
	<u>1410</u>

VOUCHER IV

Leconin

total	= 70.-
2.900 V1	140.-
thru	240.-
scat	15.-
scat	15.-
entire	220.-
2.100	50.-
3.100	50.-
1.100	18.-
2.100	35.-
2.100	80.-
cash	450
total	1350
amount	130.-
2.100	30.-
total	63.-
cash	25.-
	<hr/>
total	1273.00
tax	230.-
	<hr/>
total	1503.00
total	1,500,6590

VOCHER VI

Bloncin

No 2 546²
TIP LO
60L

VOUCHER

VII

L. G. Rowin

Italia Restaurant

Bruxelles

Del Bona : Propriétaire

Table 7 Couverts

Ruffino 250

Raviofi 240

Comelloni 25

Estroest 330

Chicini 90

Buna 40

loffie 50

995

Bana 99

1094

Tip

100

1194

VOUCHER

VIII

R. Glorieux

h. Souper	50
12 cr. ang. s.	45
Pate-m	45
filet pull	200
caribee/2	60
cajita x	25
	<hr/>
	485
	<hr/>
pro	530

VOUCHER II

Blonin

141 180373 - C.C.P. 223919
S.A.M.
Société Anonyme de
100 Boulevard Adolphe Max
1050 Bruxelles
S.A.M. S.A.M. S.A.M.

Reçu pour

fournitures

et réparations à la voiture

Plymouth. S. n. 2402

Régler et payer fiens:

m. de ciment 360.-

1 Goupille 35.-

huile 1/2 pneu: 115.-

Garage 100.-

610.-

Bruxelles le 24

24

VOUCHER X

Lucien Bonin

La Direction a l'honneur d'informer Messieurs les Clients que les chèques ne peuvent être acceptés en paiement de la note d'hôtel.

Guest are respectfully informed that cheks will not be accepted in payment of bills.

HOTEL PLAZA

BRUXELLES



Appartement No 212

M. Morice Louvain
M. E. D.

MOIS d	19	20	21	22	23	24	25
Report		720	1448	2880	3392	4474	5450
Appartement	720	720	720	720	720	720	
Arrangement							
Domestique							
PETIT DÉJEUNER			170 36	170 46	105 84	89 32	
LUNCH							
DINER							
CARTE							
Thé, Café				54 20	187	100 27	
Vins, Eaux minérales, Bières							
BLANCHISSAGE							
REPASSAGE							
TÉLÉPHONE		7	4		6	8	
VILLE INTER			4				
Débours, Portier							
Transfert							
Montant du jour	720	1448	2880	3392	4474	5450	
Notes payées							1947
A reporter							
						Total	5450
						Taxe	500
						Service 12%	65
						TOTAL GÉNÉRAL	6604

Les notes sont payables le lendemain de leur présentation.
S.V.P. N'oubliez pas de rendre votre clé - Please do not forget to leave your key.

Payé
24
24

POSTING VOUCHER

DATE: 27 Feb 47

VOUCHER NO. 387

TYPE OF FUNDS: _____ AMOUNT: _____ RATE: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: Attached

DESCRIPTION: Operational Whiskey purchased from the Officer's club.

	DR.	CR.	POSTING INITIALS
CASH INVENTORY		147.60	
ADVANCES: _____ (Name)			
TRANSFERS: _____ (Station)			
CONTRIBUTIONS			
EXCHANGE			
MISCELLANEOUS RECEIPTS:			
EXPENSE	147.60		
OTHER ACQUISITIONS			
TOTALS			

DISTRIBUTION OF DEBITS:

	01	02	03	04	05	07	08	09
INTELL.							147.60	

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

ACQUISITION AND/OR ACCOUNTING FUNDS

Date: 27 Feb 47 Branch: INTELL No:

To: Special Funds Officer HEIDELBERG STATION

Disbursement of Special Funds in the amount of \$147.60

To: IDELBERG OFFICER'S CLUB

For: OPERATIONAL WHISKEY

_____ is hereby authorized.

These funds are required for official business of a confidential nature and are to be charged to INTELLIGENCE

APPROVED BY:

ATTACHED (Signature) (Title)

This is to certify that I have received \$147.60 (Amount and type of funds) as the Special Funds Officer for the purpose as above authorized.

XXX The disbursement of these funds was made in accordance with above authorization and is evidenced by attached documents.

I will account to the organization for the proper disbursement of these funds and return any unexpended balance by (Date of completion of mission, project, etc.)

Initial applicable paragraph

Signed: L. E. KUELER Lt. Col. Ord

BIL

TO: MR. LEWIS

CERTIFICATE OF RECEIPT

FROM: IDYLSBERG OFFICERS CLUB

ARTICLE	UNIT	AMT	PRICE
Champagne	btls.	80	\$ \$ 2.10 \$ 105.00
Wine	btls.	10	\$ \$.80 \$ 9.00
Cognac	btls.	12	\$ \$ 2.80 \$ 33.60
		Total	<u>\$ 147.60</u>

25/2/47

Approved for reimbursement to Officers Club on advice from Mr. Lewis that the above items were used for operational reasons.

Louis E. Kubler
LOUIS E. KUBLER
Lt. Col., ORD
Executive Officer

certify that I have received the above listed items in good condition."

Signature

Date

I certify that I have received above amount for items indicated."

Signature

Date

Voucher No. _____

Mks

POSTING VOUCHER

DATE: 28 February 1947

VOUCHER NO. 388

TYPE OF FUNDS: _____ AMOUNT: _____ RATE: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY _____

REFERENCE: Attached

DESCRIPTION: _____

	DR.	CR.	POSTING INITIALS
CASH INVENTORY	18.00		
ADVANCES: _____ (etc)			
TRANSFER TO: <u>Stockholm</u> (Station)		18.00	
CONVERSIONS			
EXCHANGE			
MISCELLANEOUS RECEIPTS:			
EXPENSE			
OTHER ACCOUNTS			
OTHER ITEMS			

DISTRIBUTION OF COPIES:

COPIES	01	02	03	04	05	06	08	09
DATE								
INITIALS								

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

SECRET

NOTIFICATION OF TRANSFER OF FUNDS
OR ACCOUNTS

Date 28 February 1947 Number _____

TO : SECRET _____ (Address)
(Designation of Station
to be charged or credited)

FROM: SECRET _____ (Address)
(Designation of
initiating station)

Your account has been (~~Charged~~ - Credited) on our books
as follows: ~~(Check out one)~~

Type of Funds _____ Amount \$ 10.00 Rate _____ US Dollar
Equivalent 10.00

Identification of individual (If applicable): _____

Joyce Maycin

If transfer is on account of an advance of funds show date on
which advance was originally made: (If the amount transferred
represents a balance due, rather than a single advance made on
this date, explain under remarks.)

DESCRIPTION: Funds received from Miss Maycin to be
transferred for her credit.

REMARKS: _____

(Signature of Special Funds Officer)
F. H. Mogens

Form No. 33-9
Ser 1946

cc: Copenhagen

SECRET

POSTING VOUCHER

DATE: 21 Feb 47

VOUCHER NO. 389

AMOUNT: 1197 RATE: .10 VALID IN TERMS OF PRINCIPAL CURRENCY 119.70

REFERENCE: Attached

DESCRIPTION: PURCHASE OF MOTOR POOL EQUIPMENT AND REPAIRS

	DR.	CR.	POSTING INITIALS
CASH INVENTORY		119.70	
ADVANCES: _____ (amt)			
TRANSFERS: _____ (debit)			
COMMITMENTS			
EXCHANGE			
DISCOUNTS RECEIVED:			
TAXES	119.70		
OTHER ACCOUNTS			
TOTALS			

DISPOSITION OF DOLLARS:

	01	02	03	04	05	06	07	08	09
SERVICES								119.70	

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

REQUEST FOR ACCOUNTING FOR FUNDS

Date: 21 Feb 47 Branch: SERVICES No: _____

To: Special Funds Officer HEIDELBERG
STATION

Disbursement of Special Funds in the amount of 119.70 (1197 Rms)

To: Lt. Col. L. E. Kubler

For: MOTOR POOL EQUIPMENT AND REPAIRS

_____ is hereby authorized.

These funds are required for official business of a confidential nature and are to be charged to SERVICES

AUTHORIZED BY:

L. E. Kubler

L. E. KUBLER
Lt. Col., Ord

EXECUTIVE OFFICER

(title)

This is to certify that I have received \$119.70
(Amount and type of funds)
from the Special Funds Officer for the purpose as above authorized.

XXX The disbursement of these funds was made in accordance with above authorization and is evidenced by attached documents.

I will account to the organization for the proper disbursement of these funds and return any unexpended balance by _____
(Date of completion of mission, project, etc.)

Signature:

L. E. Kubler

L. E. KUBLER
Lt. Col., Ord.

(Initial) applicable paragraph

WAR DEPARTMENT DETACHMENT
APO 403

21 February 1947

SUBJECT: Payment on Motor Pool expenses.

TO : Commanding Officer
War Department Detachment
APO 403, US Army
ATTENTION: Finance Officer

1. The following list consists of bills which
are to be paid in German currency to Master Sergeant

Julien E. Gleize:

a. Massholder	-	1012.88 ✓
b. Wagner	-	6.00 ✓
c. Engelhardt & Co	-	3.00 ✓
d. Trippmacher	-	18.00 ✓
e. Tracker	-	5.00 ✓
f. Bozahl	-	11.25 ✓
g. Haab	-	5.32 ✓
h. Nirk	-	63.60 ✓
		<hr/>
		1125.05
1. Mehl	-	72.00 ✓
		<hr/>
		1197.05 - total RM

R
ARB

Julien E. Gleize
M/Sgt TC
Motor Sergeant

1st Ind

TO: Special Funds Officer
Heidelberg

21 Feb 47

Approved for payment.

1197.05
1137.56

59.59

L. E. Kubler
L. E. KUBLER
Lt. Col, Ord
Exec. Officer

L. & R. MASSHOLDER HEIDELBERG



FAHRZEUGBAU

LASTWAGEN-ANHÄNGER IN JEDE AUSFÜHRUNG FÜR ALLE VERWENDUNGSZWECKE

BANKKONTO: HANDELS- U. GEWERBEBANK HEIDELBERG - POSTSCHECKKONTO: KARLSRUHE 1826 - FERNRUF 348
RB.-Nr. 00664030 - EPPELHEIMER STRASSE 57-59

RECHNUNG für War Department G.A. 43

Heidelberg

Heidelberg, den 20.2.47/Ea.

Datum		RM	Rpl.
Febr. 6.	Auf einen Jeep einen angelieferten Aufbau aufgesetzt.		
	65,75 Stunden à RM 2.80		184.10
	1 Schweißstunde		6.--
	1 Maschinenstunde		4.--
	3 m Köder	- .60	1.80
	0,5 kg Flachisen	- .30	- .15
	2 kg Blech	- .35	- .70
	2 Schließbleche	- .15	- .30
	38 Eisengew. Schrauben	- .13	6.84
	38 Federringe	- .05	1.90
	15 Maschinenschrauben	- .20	3.--
	4 Schloßschrauben	- .15	- .60
	4 Holzschrauben	- .07	- .28
	0,02 cbm Buchenholz	145.--	2.90
	0,03 cbm Tannenholz	130.--	3.90
	Ausführung von Reparaturen und Abgabe von ...	RM	216.47

Heidelberg, den 20.2.47
 L. & R. Massholder
 Fabrikant

Reklamationen innerhalb 8 Tage - Erfüllungsort und Gerichtsstand ist Heidelberg

L. & R. MASSHOLDER HEIDELBERG



FAHRZEUGBAU

LASTWAGEN-ANHÄNGER IN JEDE AUSFÜHRUNG FÜR ALLE VERWENDUNGSZWECKE

BANKKONTO: HANDELS- U. GEWERBEBANK HEIDELBERG - POSTSCHECKKONTO: KARLSRUHE 1826 - FERNRUF 348
RB.-Nr. 00664030 - EPPELHEIMER STRASSE 57-59

RECHNUNG für War Department G.A. 43

Heidelberg

Heidelberg, den 20.2.47/Ea.

Datum		RM	Rpl.
Febr. 7.	Auf einen Jeep- einen angelieferten Aufbau aufgesetzt.		
	68 Stunden à RM 2.80		190.40
	1 Schweißstunde		6.--
	1 Maschinenstunde		4.--
	3 m Köder	- .60	1.80
	2 Schließbleche	- .15	- .30
	15 Maschinenschrauben	- .20	3.--
	4 Schloßschrauben	- .15	- .60
	38 Eisengew. Schrauben	- .18	6.84
	38 Federringe	- .05	1.90
	4 Holzschrauben	- .07	- .28
	0,02 cbm Buchenholz	145.--	2.90
	0,03 cbm Tannenholz	130.--	3.90
	Ausführung von Reparaturen und Abgabe von ...	RM	221.62

Heidelberg, den 20.2.47
 L. & R. Massholder
 Fabrikant

Reklamationen innerhalb 8 Tage - Erfüllungsort und Gerichtsstand ist Heidelberg

L. & R. MASSHOLDER HEIDELBERG

FAHRZEUGBAU

LASTWAGEN-ANHÄNGER IN JEDER AUSFÜHRUNG FÜR ALLE VERWENDUNGSZWECKE

BANKKONTO: HANDELS- U. GEWEREBANK HEIDELBERG - POSTSCHECKKONTO: KARLSRUHE 1220 - FERNLUF 348
 RR-Nr. 10684000 - EPPELHEIMER STRASSE 5-9



RECHNUNG für War Department G.A. 43,

Heidelberg

Heidelberg, den 20.2.47/Es.

Datum			RM	Stk
Febr. 7.	Gehobelt, den 20.2.47 L. & R. Massholder Heidelberg	Einen angelieferten Aufbau auf einen Jeep aufgesetzt.		
		68 Stunden	2.80	190.40
		1,5 Schweißstunden	6.--	9.--
		1 Maschinenstunde		4.--
		3 m Köder	-.60	1.80
		2 Schließbleche	-.15	-.30
		15 Maschinenschrauben	-.20	3.--
		4 Schloßschrauben	-.15	-.60
		38 Eisengew. Schrauben	-.18	6.84
		38 Federringe	-.05	1.90
		4 Holzschrauben	-.07	-.28
		0,02 cbm Buchenholz	145.--	2.90
		0,03 cbm Farnenholz	130.--	3.90
		Ausführung von Reparaturen und Abgabe von ... nur gegen ... Kasse			RM	224.92

Reklamationen innerhalb 8 Tage. Erfüllungsort und Gerichtsstand ist Heidelberg

L. & R. MASSHOLDER HEIDELBERG

FAHRZEUGBAU

LASTWAGEN-ANHÄNGER IN JEDER AUSFÜHRUNG FÜR ALLE VERWENDUNGSZWECKE

BANKKONTO: HANDELS- U. GEWEREBANK HEIDELBERG - POSTSCHECKKONTO: KARLSRUHE 1220 - FERNLUF 348
 RR-Nr. 00684000 - EPPELHEIMER STRASSE 5-9



RECHNUNG für War Department G.A. 43

Heidelberg

Heidelberg, den 20.2.47/Es.

Datum			RM	Stk
Febr. 6.	Gehobelt, den 20.2.47 L. & R. Massholder Heidelberg	1 angelieferten Aufbau auf einen Jeep aufgesetzt.		
		64,75 Stunden	2.80	181.30
		0,5 Schweißstunden	6.--	3.--
		1 Maschinenstunde		4.--
		0,5 kg Flacheisen	-.30	-.15
		2 kg Blech	-.35	-.70
		2 Schließbleche	-.15	-.30
		3 m Köder	-.60	1.80
		15 Maschinenschrauben	-.20	3.--
		4 Schloßschrauben	-.15	-.60
		38 Eisengew. Schrauben	-.18	6.84
		38 Federringe	-.05	1.90
		4 Holzschrauben	-.07	-.28
		0,02 cbm Buchenholz	145.--	2.90
0,03 cbm Farnenholz	130.--	3.90		
Ausführung von Reparaturen und Abgabe von ... nur gegen ... Kasse			RM	210.67

Reklamationen innerhalb 8 Tage. Erfüllungsort und Gerichtsstand ist Heidelberg

L. & R. MASSHOLDER HEIDELBERG



FAHRZEUGBAU

LASTWAGEN-ANHÄNGER IN JEDER AUSFÜHRUNG FÜR ALLE VERWENDUNGSZWECKE

BANKKONTO: HANDELS- U. GEWERBEBANK HEIDELBERG - POSTSCHECHKONTO: KARLSRUHE 1260 - FEHNSTR. 34B
 IS-Nr. 0096000 - EPPELHEIMER STRASSE 37-39

RECHNUNG Nr. War Department G.A. 43,

Heidelberg.

Heidelberg, den 19.2.47/Ea.

Datum				RM	Spf.
Jan.	20.	1 Jeep Nr. 20430393	geputzt und gespritzt		
"	"	1 " Nr. 20672041	" " "		
"	"	1 Lkw " 4661170	" " "		
"	23.	1 Fw " 1834125	" " "		
Febr.	3.	1 " " 1826585	ausgebessert.		
		30,5 Stunden	à RM	2.20	85.40
		8,5 Spritzstunden	" "	3.--	25.50
				RM	110.90
Beleg Bankkonto erhalten					
Heidelberg, den 19.2.47					
L. & R. Massholder					
<i>L. & R. Massholder</i>					

Ausführung von Reparaturen und
 Arbeit von 1 bis 1 nur
 gegen Rechnung Nr. 123456

Erklärungen innerhalb 5 Tagen. Erfüllungsort und Gerichtsstand in Heidelberg

Quittung

RM *Rohm*

von Herrn *Klawabauer, Str.*

für *2 Federbügel* 4 2.47

richtig erhalten zu haben, bescheinigt hiermit.

HEIDELBERG, den *12. 2. 1947*

RM *Rohm*

L. & R. Massholder
 Fahrzeugbau
L. & R. Massholder

FORM 6. 10. 1933

Quittung

RM Zwei 50 Mark

von War Department, G.H. 43

für 2 Auspuffröhren Schwinge
8 verschleißt

richtig erhalten zu haben, bescheinigt hiermit.

8. 2. 47

HEIDELBERG, den 12. 2. 1947

RM 15.50

L. R. Maßholder
Fahrzeugbau

JWN 1. 45. 322

Quittung

RM Zwei 50 Mark

von War Department G.H. 43

für 1 Klauke angefertigt

richtig erhalten zu haben, bescheinigt hiermit.

5. 2. 47

HEIDELBERG, den 12. 2. 1947

RM 2.50

L. R. Maßholder
Fahrzeugbau

JWN 1. 45. 322

Walter Wagner
Kraftfahrzeugteile
Mannheim

jetzt: Heidelberg,
Leopoldstraße 19 - Fernruf 2790

Barverkauf Nr. 5596

Fa. M. S. A. Wass-Department
Hbf

Betr.: Ihre Best. vom _____ Nr. _____
Sie empfangen anbei:

Stück Nr.		Stück Nr. Preis	RM
100	Hohlwider 4x8 700	2.-	2.-
100	Stiel 4x10 700	2.-	2.-
100	" 4x15 700	2.-	2.-
			6.-

Betrag erhalten:
für Walter Wagner

Kahn

HGD. 1. 43. 43 518. 4 54/50 Df.

HEIDELBERGER GUMMI-VERWERTUNG

ENGELHARDT & Co.

Tel. 4571 u. 2629 **HEIDELBERG** Berghheimerstr. 49

Postcheckkonto Ludwigshafen Nr. 2909

Lieferschein Nr. 5524 Den 7. Februar 1947

für Militär-Regierung Heidelberg

Sie empfangen anbei für Ihre Rechnung und Gefahr per Expres-Frachtgut-Post-Boten-Auto-Selbstabholung:	
3	Boxen f. - Kolonnenpat. - 3
	Beträger erhalten
	f. u. v.
	Bäpfer

Lieferungsbedingungen: Eigentumsvorbehalt nach § 455 BGB. Alle Sendungen gehen auf Gefahr des Empfängers. Beanstandungen können nur innerhalb 5 Tagen berücksichtigt werden. Erfüllungsort und Gerichtsstand ist Heidelberg.

Auto - Licht - und - Dienst
L. Fath-Trippmacher
Heidelberg

Heidelberg, 11. II. 47
Alte Berghheimerstr. Nr. 11 Tel.

QUITTUNG - 2051 *

Dep. zum Delec-Reise
Auto - Licht - und - Dienst
Dep. zum
L. Fath-Trippmacher
Alte Berghheimerstr. 11

48,-

Für Reparatur-
des Aufzugs RM 5.-

Erhalten 8. 2. 47

W. Hoff

Tracker

Fol. 4532

Mannheim, den 19. 1. 47.

Rechnung

für F. u. V. K.

von _____

Zahlbar: _____

	12	Rücklage 470 000	13
		Mr. Zander	8.-
			2.50
			19.50

W. Hoff
Mannheim
Loisenstraße

Fabrik-Ver... der Bayerischen Motoren-Werke A.-G., ... und Eisenach

für Automobile
und Motorräder



Viktoria-Werke A.-G. Nürnberg
und Deutsche FIAT A.-G.
Heilbronn-Berlin

FRIEDR. H A A B

Bergheimer Straße 111/113 Kraftfahrzeuge Fernsprechanruf 3884

Spezial-Werkstätte — Orig.-Ersatzteillager — Kraftfahrzeug-Zubehör
SFK-Kugellagerstock — Tankstelle — Marken-Ole — Großes Reifenlager

Heidelberg

Bar-Verkauf 09064 * den 14. 11. 194

für *M. G. A.*

Bankkonto: Handels- u. Gewerbebank Heidelberg / Postscheckkonto: Nr. 23748 Amt Karlsruhe

10	Plomben H 6	- 12	—	—
20	" " A 5	- 05	1.-	—
10	Plomben H 6	- 12	—	—
20	" " A 5	- 05	1.-	—
		<u>32</u>	<u>3.-</u>	<u>—</u>

Dieser Schein gilt als rechtsgültige Quittung für Bar-Verkäufe
Umtausch verkaufter Ware nur in einwandfreiem, ungebrauchten Zustand innerhalb 3 Tagen möglich
30 Bl. 10. 45 Fabrikdruck Heidelberg

Fabrik-Ver... der Bayerischen Motoren-Werke A.-G., ... und Eisenach

für Automobile
und Motorräder



Viktoria-Werke A.-G. Nürnberg
und Deutsche FIAT A.-G.
Heilbronn-Berlin

FRIEDR. H A A B

Bergheimer Straße 111/113 Kraftfahrzeuge Fernsprechanruf 3884

Spezial-Werkstätte — Orig.-Ersatzteillager — Kraftfahrzeug-Zubehör
SFK-Kugellagerstock — Tankstelle — Marken-Ole — Großes Reifenlager

Heidelberg

Bar-Verkauf 09014 * den 14. 11. 194

für *M. G. A.*

Bankkonto: Handels- u. Gewerbebank Heidelberg / Postscheckkonto: Nr. 23748 Amt Karlsruhe

<i>1200 Plomben H 6</i>				
<i>1200 Plomben A 5</i>				
<i>1200 Plomben H 6</i>				
<i>1200 Plomben A 5</i>				
<i>1200 Plomben H 6</i>				
<i>1200 Plomben A 5</i>				
<i>1200 Plomben H 6</i>				
<i>1200 Plomben A 5</i>				
<i>1200 Plomben H 6</i>				
<i>1200 Plomben A 5</i>				

Dieser Schein gilt als rechtsgültige Quittung für Bar-Verkäufe
Umtausch verkaufter Ware nur in einwandfreiem, ungebrauchten Zustand innerhalb 3 Tagen möglich
30 Bl. 10. 45 Fabrikdruck Heidelberg



Den 13. 2. 1947

Karl Nirk. (17a) Heidelberg
Römerstraße 2-10 — Fernruf 4146

Anzahl	Sie erhalten zufolge Ihrer Bestellung	Betrag
1	2112 2/6	1.20
1	2167 4/5	1.25
	+ 15% PAZ	1.55
		1.70
		1.75

Quittung
Über Barverkauf Nr. 01995

Dieser Zettel gilt ohne weiteres als Quittung

Nr. P.M. 60
von Herrn Schwabbecker Betrag
für 1 Batterie 12 Volt

Reichsmark
Festsetzung

richtig erhalten zu haben, bescheinige hiermit
Heidelberg den 8. 2. 1947

Karl Nirk
Balth. Zimm, Heidelberg
16. 4/13

GEORG MEHL
Autokühlerbau · Reparaturen
von sämtlichen Systemen
HEIDELBERG
Schlaunhausstraße
Bankkonto: Mandel- u. Gewerbebank 2537

Heidelberg, den 13. 2. 1947
Telefon 3798

RECHNUNG

für U. J. Aron

1 Tritler reg

Ran 72

Betrag 72
gg. 11

WAR DEPARTMENT DETACHMENT
APO 403

21 February 1947

SUBJECT: Payment on Motor Pool expenses.

TO : Commanding Officer
War Department Detachment
APO 403, US Army
ATTENTION: Finance Officer

1. The following list consists of bills which
are to be paid in German currency to Master Sergeant
Julien E. Gleize:

a. Masaholder	-	1012.33	
b. Wagner	-	6.00	
c. Engelhardt & Co	-	3.00	
d. Trippmacher	-	18.00	
e. Tracker	-	5.00	
f. Bozanlt	-	11.25	
g. Haab	-	5.32	
h. Nirk	-	63.60	
		<u>1125.05</u>	
i. Mehl	-	72.00	
		<u>1197.05</u>	- total RM

Julien E. Gleize
W/Sgt TC
Motor Sergeant

1st Ind

TO: Special Funds Officer
Heidelberg

21 Feb 47

Approved for payment.

L. E. KUBLER
Lt. Col, Ord
Exec. Officer

POSTING VOUCHER

DATE: 27 Feb 47

VOUCHER NO. 320

TYPE OF FUNDS: scrip AMOUNT: _____ RATE: _____ VALUE IN TERMS OF PRINCIPAL CURRENCY 13,917.47

REFERENCE: ATTACHED

DESCRIPTION: Payroll and L & Q for period 12 Jan 47 thru 8 Feb 47

	DR.	CR.	POSTING INITIALS
CASH INVENTORY		13,917.47	
ADVANCES: _____ (TRANS)			
TRANSFERS: _____ (ST. TRANS)			
CONTRACTS			
EXCHANGE			
MISCELLANEOUS RECEIPTS:			
EXPENSE			
OTHER ACCOUNTS			
		L&Q 3,120.02 Salary 10,797.45	
TOTALS			

PERIOD OF MONTHS:

YEAR	01	02	03	04	05	06	07	08	09
		13,917.47							

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

CONFIDENTIAL

WAR DEPARTMENT DETACHMENT
U.S. FORCES, EUROPEAN THEATER
APO-757

*Twenty
Payant
Brown*

7 March 1947

SUBJECT: Pay vouchers

TO: Mr. E. D. Echols
Chief, Special Funds Division

Inclosed are sub vouchers Nos. 15 and 74 of payroll voucher #390, covering pay period 12 January thru 8 February 1947. This voucher was forwarded to Washington with our February accounts.

F. H. Mangeng
F. H. Mangeng
Special Funds Officer

CONFIDENTIAL

CONFIDENTIAL

WAR DEPARTMENT DETACHMENT
U.S. FORCES, EUROPEAN THEATER
APO-757

7 March 1947

SUBJECT: Pay vouchers

TO: Mr. E. D. Echols
Chief, Special Funds Division

Inclosed are sub vouchers Nos. 15 and 74 of
payroll voucher #390, covering pay period 12 January
thru 8 February 1947. This voucher was forwarded to
Washington with our February accounts.

RECEIVED
10 25

F. H. Mangeng
Special Funds Officer

CONFIDENTIAL

SECRET No. 1
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE RUTH ABRAMS Position ADMIN ASST

Annual Rate Amt. Payable
\$ 3522.60 100.00
 in _____ 100.00
 Type Currency Rate of Exchange (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Annual Rate Amt. Payable
 of living allowance _____ \$ _____
 Foreign Living allowance \$ 1092 - 70¢ 25.20
 in _____ 25.20
 Type Currency Rate of Exchange (Amount)
TOTAL 125.20

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

• I have taken 14 hours of _____ leave from _____ to _____ during this period.

• Quarters and/or meals were furnished me as follows: _____

 Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 2
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 PAYEE OR NUMBER OF PAYEE CARMEN G. ADKISSON Position CLERK

	Annual Rate	Ant. Payable	
.....	<u>\$2644.80</u>	<u>100.00</u>	<u>100.00</u>
Type Currency	Rate of Exchange		(Amount)
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).			

	Annual Rate	Ant. Payable	
Quarters allowance	\$	\$	
Cost of living allowance	\$	\$	
Special Foreign Living allowance	<u>\$1365.70</u>	<u>31.50</u>	<u>31.50</u>
is in			(Amount)
Type Currency	Rate of Exchange		TOTAL <u>131.50</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- () I am single without dependents in area.
 - () I am single with dependents in area.
 - () I am married without dependents in area.
 - (X) I am married with dependents in area (include)
 - () I was in travel status from _____ to _____ incl.

- I have taken 10 hours of annual leave from 2811 47 to 2911 47, during this period.
- Quarters and/or meals were furnished me as follows: _____

_____, 19____
 Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET No. 3
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 OR NUMBER OF PAYEE ROSS E. BACKENSTOSS Position Reports Officer

	Annual Rate	Amt. Payable
-----	\$ <u>4149.60</u>	<u>75.00</u>
Type Currency	Rate of Exchange	<u>75.00</u> (Amount)
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).		

	Annual Rate	Amt. Payable
Quarters allowance	\$ _____	\$ _____
Cost of living allowance	\$ _____	\$ _____
Incl Foreign Living allowance	\$ <u>1274.70</u>	\$ <u>29.40</u>
Type Currency	Rate of Exchange	<u>29.40</u> (Amount)
		TOTAL <u>104.40</u>

I CERTIFY that I have received the above amounts for the purpose and used as stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- () I am single without dependents in area.
 - () I am single with dependents in area.
 - () I am married without dependents in area.
 - () I am married with dependents in area.
 - () I was in travel status from _____ to _____ incl.

* I have taken 14 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

_____ 19____ Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET No. 4
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

Name OR NUMBER OF PAYEE: HERBERT T. BARN Position JR. INTELL OFFICER

	Annual Rate	Ant. Payable
	\$ <u>3397.30</u>	\$ <u>55.38</u>
Type Currency		<u>55.38</u> (Amount)
Rate of Exchange		
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).		

	Annual Rate	Ant. Payable
Quarters allowance		
Cost of living allowance		
Special Foreign Living allowance	\$ <u>1002.70%</u>	\$ <u>25.20</u>
aid in		<u>25.20</u> (Amount)
Type Currency		<u>25.20</u> (Amount)
Rate of Exchange		TOTAL <u>80.58</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- I am single without dependents in area.
 - I am single with dependents in area.
 - I am married without dependents in area.
 - I am married with dependents in area.
 - I was in travel status from _____ to _____ incl.
- * I have taken Nil hours of _____ leave from _____ to _____, during this period.
- * Quarters and/or meals were furnished me as follows: _____

_____, 19____. Signature or self-applied No. of Payee

Approved for payment: _____ Signature: _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET No. 5
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE GEORGE N. BELIC Position _____

	Annual Rate	Amt. Payable	
-----	\$ 5905.20	396.64	
Type Currency	Rate of Exchange		396.64
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).			

Quarters allowance	Annual Rate	Amt. Payable	
Cost of living allowance	\$	\$	
Special Foreign Living allowance	\$ 1820	\$ 140.00	
Paid in _____	Type Currency	Rate of Exchange	140.00
			(Amount)
			TOTAL 536.64

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken 144 hours of _____ leave from _____ to _____ during this period.

* Quarters and/or meals were furnished as follows: _____

_____ 19 ____
 Signature or self-applied No. of Payco
 Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 6
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVED ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

OR NUMBER OF PAYEE ARAXI BOSTANIAN Position _____

Annual Rate Amt. Payable
\$2895.60 69.23
69.23

Type Currency Rate of Exchange (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Annual Rate	Amt. Payable	
of living allowance	\$ _____	_____
of 1 Foreign Living allowance	\$ <u>1092 - 70%</u>	<u>25.20</u>
in _____	Rate of Exchange	<u>25.20</u>
		(Amount)
		TOTAL <u>94.43</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- () I am single without dependents in area.
 - () I am single with dependents in area.
 - () I am married without dependents in area.
 - (X) I am married with dependents in area.
 - () I am in travel status from _____ to _____ incl.

* I have taken 444 hours of _____ leave from _____ to _____ during this period.

* Quarters and/or meals were furnished me as follows: _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment _____

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET No. 7
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVED ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

OR NUMBER OF PAYEE: HENRY B. BRADFORD Position INTELL OFFICER

	Annual Rate	Amt. Payable
	\$ <u>4149.60</u>	<u>100.00</u>
		<u>100.00</u>
Type Currency	Rate of Exchange	(Amount)
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).		

Quarters allowance	\$ _____	\$ _____
Cost of living allowance	\$ _____	\$ _____
Special Foreign Living allowance	\$ <u>1274.20</u>	\$ <u>29.40</u>
Paid in		<u>29.40</u>
Type Currency	Rate of Exchange	(Amount)
		TOTAL <u>129.40</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area
- I was in travel status from _____ to _____ incl.

- * I have taken 340 hours of _____ leave from _____ to _____, during this period.
- * Quarters and/or meals were furnished as follows: _____

 Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 8
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY BILL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 SER OR NUMBER OF PAYEE EARLE J. GARLETON Position _____

	Annual Rate	Ant. Payable	
-----	\$ <u>4902</u>	<u>180.00</u>	
Type Currency	Rate of Exchange		<u>180.00</u>
			(Amount)

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

	Annual Rate	Ant. Payable	
Quarters allowance	\$ _____	\$ _____	
Cost of living allowance	\$ _____	\$ _____	
Special Foreign Living allowance	\$ <u>1274-70%</u>	\$ <u>29.40</u>	
and in			<u>29.40</u>
Type Currency	Rate of Exchange		(Amount)
			TOTAL 209.40

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

• I have taken 48 hours of sick leave from 25 Jan 47 to 31 Jan 47, during this period.

• Quarters and/or meals were furnished me as follows: _____

_____ 19____ Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 9
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE GOULD W. CASSAI Position EDITORIAL ANALYST

	Annual Rate	Amt. Payable	
-----	\$ <u>4149.50</u>	<u>303.24</u>	
in _____			<u>303.24</u>
Type Currency	Rate of Exchange		(Amount)
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).			

	Annual Rate	Amt. Payable	
Quarters allowance	\$ _____	\$ _____	
Cost of living allowance	\$ _____	\$ _____	
Special Foreign Living allowance	\$ <u>1274.703</u>	\$ <u>29.40</u>	
aid in _____			<u>29.40</u>
Type Currency	Rate of Exchange		(Amount)
			TOTAL <u>332.64</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I further CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

• I have taken 440 hours of _____ leave from _____ to _____, during this period.

• Quarters and/or meals were furnished as follows: _____

_____ 19____ Signature or self-applied No. of Payee

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."

- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 10
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE LAURA B. COAR Position CHEEK STENO

	Annual Rate	Amt. Payable
-----	<u>\$ 2644.80</u>	<u>60.00</u>
-----		<u>60.00</u>
Type Currency	Rate of Exchange	(Amount)
If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).		

	Annual Rate	Amt. Payable
Quarters allowance	-----	-----
Cost of living allowance	-----	-----
Special Foreign Living allowance	<u>1092.70%</u>	<u>25.20</u>
Paid in		<u>25.20</u>
Type Currency	Rate of Exchange	(Amount)
		TOTAL <u>85.20</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken 16 hours of sick leave from 21/1/47 to 22/1/47 during this period.

* Quarters and/or meals were furnished me as follows: _____

_____ 19____ Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.C. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

- * Not required if payment is in accordance with Washington authorization.
- ** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 11
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY BILL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 2 Feb 47
 OR NUMBER OF DAYS ANN B. CROLIUS Position CIFERK

	Annual Rate	Amt. Payable
	\$ <u>26,44.80</u>	<u>60.00</u>
Type Currency		<u>60.00</u>
Rate of Exchange		(Amount)

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

	Annual Rate	Amt. Payable
Quarters allowance	\$ _____	\$ _____
Cost of living allowance	\$ _____	\$ _____
Special Foreign Living allowance	\$ <u>1092.70%</u>	\$ <u>25.20</u>
Type Currency		<u>25.20</u>
Rate of Exchange		(Amount)
		TOTAL <u>85.20</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by statements applicable)
- I am single without dependents in area.
 - I am single with dependents in area.
 - I am married without dependents in area.
 - I am married with dependents in area.
 - I was in travel status from _____ to _____ incl.

* I have taken 24 hours of annual leave from 5 Jan 47 to 2 Feb 47, during this period.
 * Quarters and/or meals were furnished me as follows: _____

Approved for payment _____
 Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making payment _____

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET No. 12
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

OR NUMBER OF PAYEE REGH T. CUMMINGS Position SR INTELL OFFICER

	Annual Rate	Amt. Payable
-----	\$ <u>5905.20</u>	<u>200.00</u>
Type Currency	Rate of Exchange	<u>200.00</u>
		(Amount)

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Quarters allowance	Annual Rate	Amt. Payable
Cost of living allowance	-----	-----
Special Foreign Living allowance	\$ <u>7256.70%</u>	\$ <u>33.60</u>
aid in		<u>33.60</u>
Type Currency	Rate of Exchange	(Amount)
		TOTAL <u>233.60</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I further CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____
 _____ 19 ____.

Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."

Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 13

VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

OR MEMBER OF PAYE VIRGINIA R. CRAWFORD Position CLERK

Annual Rate Amt. Payable

\$ 3021 25.00

Type Currency Rate of Exchange (Amount) 25.00
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Quarters allowance Annual Rate Amt. Payable
Cost of living allowance
1st Foreign Living allowance \$ 1092-700 \$ 25.20
Total in Type Currency Rate of Exchange (Amount) 25.20
Total 50.20

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be re-imbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

• I have taken _____ hours of _____ leave from _____ to _____ during this period.

• Quarters and/or meals were furnished me as follows: _____

Signature of self-applied No. of Payee

Approved for payment _____
Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blank."

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY (I)
FOR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From _____ to _____ 14

DATE OF ISSUANCE OF PAY _____ Position _____
 12 Jan 47 8 Feb 47

ELEMENTER Original Rate Amt. Payable CLERK

..... \$

Type Currency Rate of Exchange (Amount)
 (If amount of salary is other than authorized by Foreign Duty Data Sheet or other official document, explain here). 3.74

Annual Rate Amt. Payable
 Living Allowance - Resigned 8 February 1947
 Social Foreign Living Allowance
 and in Type Currency Rate of Exchange (Amount)
 1092-70% 25.20 TOTAL

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.
 I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

- I have taken _____ hours of _____ leave from _____ to _____, during this period.
- Quarters and/or meals were furnished me as follows: _____

..... 10

Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 14-1
VOUCHER FOR PAYMENT OF INDIVIDUAL TAXES
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From _____ to _____

NAME OR NUMBER OF PAYEE ELEANOR GRACO Position CLERK

	Annual Rate	Amt. Payable
in _____	\$ <u>2614.80</u>	<u>91.55</u>
Type Currency _____	Rate of Exchange _____	<u>91.55</u>
		(Amount)

(If amount of salary is other than as authorized by Foreign Duty Station Sheet or other official document, explain here).

Resignation effective 8 February 1947. Paid this voucher for accrued Annual Leave - 72 hours.

	Annual Rate	Amt. Payable
Quarters allowance _____	_____	_____
Cost of living allowance _____	_____	_____
Special Foreign Living allowance _____	_____	_____
Aid in _____	_____	_____
Type Currency _____	Rate of Exchange _____	(Amount)
		TOTAL

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

• I have taken _____ hours of _____ leave from _____ to _____, during this period.

• Quarters and/or meals were furnished as follows: _____

19 _____

Signature or self-applied No. of Payee _____

Approved for payment _____

Signature

Title

I CERTIFY that the above payment has been made to the individual whose name appears above.

Signature of P.C. making Payment _____

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full tax roll name.

SECRET

SECRET No. 15
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY BILL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE GERARD J. HANN Position JR INTELL OFFICER

	Annual Rate	Amt. Payable	
	\$ <u>3397.20</u>	<u>50.00</u>	
Type Currency	Rate of Exchange		<u>50.00</u>
			(Amount)

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Quarters allowance	Annual Rate	Amt. Payable	
Cost of living allowance	\$ _____	\$ _____	
Special Foreign Living allowance	\$ <u>1092.70</u>	\$ <u>25.20</u>	
3 in _____	Type Currency	Rate of Exchange	<u>25.20</u>
			(Amount)
			TOTAL <u>75.20</u>

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- () I am single without dependents in area.
 - () I am single with dependents in area.
 - () I am married without dependents in area.
 - () I am married with dependents in area.
 - () I was in travel status from _____ to _____ incl.
- * I have taken _____ hours of _____ leave from _____ to _____, during this period.
- * Quarters and/or meals were furnished me as follows: _____

19 _____
 Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature: _____

I certify that the above reimbursement has been based on correct data and that the name is printed above and in the correct amount has been forwarded along with original of this voucher and that the original of this voucher and this signed copy of this statement shall be forwarded to Washington for attachment as soon as practicable.

I CERTIFY that the above payment has been made in accordance with the number appears above.
 Signature of P.O. making Payment _____

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET No. 16
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE ROBERT A. HARRISON Position CLERK TYPIST

	Annual Rate	Amt. Payable	
Salary	\$ <u>2644.80</u>	<u>176.24</u>	
paid in			<u>176.24</u>
Type Currency	Rate of Exchange		(Amount)
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).			

Quarters allowance	Annual Rate	Amt. Payable	
of living allowance	\$ _____	_____	
and Foreign Living allowance	<u>1092-70%</u>	<u>25.20</u>	
paid in			<u>25.20</u>
Type Currency	Rate of Exchange		(Amount)
			TOTAL <u>201.44</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "*" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

* I have taken 140 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

Approved for payment _____ 19 _____
 Signature or self-applied No. of Payee
 Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 17
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 MEMBER OF PARTY BEVERLY E. HAYES Position CLERK STENO

Annual Rate \$ 3021 Amt. Payable none
 Type Currency none Rate of Exchange none (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

TDY Berne, to be paid by Berne Office

Quarters allowance	Annual Rate	Amt. Payable
Cost of living allowance	\$ _____	\$ _____
Special Foreign Living allowance	\$ <u>1092-70%</u>	\$ <u>none</u>
and in	Type Currency	Rate of Exchange
		(Amount)
		TOTAL <u>none</u>

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area
- I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

_____, 19____. Signature or self-applied No. of Payee

Approved for payment: _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 18
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
FOR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

OR MEMBER OF PAYEE HENRY D. HECKSNER Position SR INSTALL OFFICER

Annual Rate \$ 4902 Amt. Payable none
 Type Currency none Rate of Exchange none
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Quarters allowance	Annual Rate	Amt. Payable	
Cost of living allowance			
Special Foreign Living allowance	<u>\$ 1274-703</u>	<u>29.40</u>	
and in			<u>29.40</u>
Type Currency	Rate of Exchange		(Amount)
			TOTAL <u>29.40</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURNISH CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

I have taken 110 hours of _____ leave from _____ to _____ during this period.

Quarters and/or meals were furnished me as follows: _____

_____ 19____.

Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET - No. 19

VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL AND QUARTERS AND COST OF LEVIES ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
NAME OR NUMBER OF PAYEE: BLAHOGLAV HONEY Position

Annual Rate Amt. Payable

\$ 4651.20 Annual 100.00 100.00

Type Currency Rate of Exchange (Amount)
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Annual Rate Amt. Payable

Writers allowance
Cost of living allowance
Special Foreign Living allowance \$ 1274.20 \$ 11.55
Total 11.55
Type Currency Rate of Exchange (Amount)
TOTAL 111.55

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source. I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- (X) I am married without dependents in area.
- (X) I am married with dependents in area
- () I was in travel status from 14 Jan 47 to 30 Jan 47 incl.

I have taken 440 hours of leave from to during this period.
Quarters and/or meals were furnished me as follows:

19 Signature or self-applied No. of Payee
Approved for payment Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
Not required if payment is in accordance with Washington authorization.
Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 20
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jun 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE: BOLESLAV A. HOETSMAN Position SR IN BILL OFFICER

Annual Rate Amt. Payable

Salary \$ 4902 358.20
 Type Currency Rate of Exchange 358.20
 (Amount)

REMARKS: (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Quarters allowance	Annual Rate	Amt. Payable
Cost of living allowance	\$ _____	\$ _____
Special Foreign Living allowance	\$ <u>1274.70%</u>	\$ <u>29.40</u>
Paid in _____	Type Currency	Rate of Exchange
		<u>29.40</u>
		(Amount)
		TOTAL <u>387.60</u>

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

- * I have taken no hours of _____ leave from _____ to _____ during this period.
- * Quarters and/or meals were furnished me as follows: _____

Date 19 _____

Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET No. 21
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE PETER HEIMANN Position INTELL OFFICER

	Annual Rate	Ant. Payable	
Salary	\$ 4902	165.00	165.00
Paid in			(Amount)
Type Currency Rate of Exchange			

REMARKS: (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

	Annual Rate	Ant. Payable	
Quarters allowance			
Cost of living allowance			
Special Foreign Living allowance	1592-70%	36.74	36.74
Paid in			(Amount)
			TOTAL 201.74
Type Currency Rate of Exchange			

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken 30 hours of Annual leave from 12 Jan 47 to 8 Feb 47, during this period.

* Quarters and/or meals were furnished me as follows: _____

Date 19 _____

Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment _____

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET No. 22
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE LUCILE G. HENKE Position ADMN ASST

	Annual Rate	Ant. Payable	
Salary	\$ 3648	101.69	
Paid in			<u>101.69</u>
	Type Currency	Rate of Exchange	(Amount)

REMARKS: (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

	Annual Rate	Ant. Payable	
Quarters allowance	\$		
Cost of living allowance	\$		
Special Foreign Living allowance	1092.70%	25.20	
Paid in			<u>25.20</u>
	Type Currency	Rate of Exchange	(Amount)
			TOTAL 126.89

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken ALL hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

Date _____ 19 _____

Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- * Not required if payment is in accordance with Washington authorization.
- ** Not required if voucher is signed by payee with full pay roll name.

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES 23

Period of this Voucher: From _____ to _____
 DATE OR NUMBER OF PAYROLL _____ 12 Jan 47 _____ Position _____ 8 Feb 47
 _____ DONALD G. HUEFNER _____ DESK HEAD

	Annual Rate	Ant. Payable	
Salary			
aid in _____			
_____	1149.60	50.00	(Amount) 50.00
_____	Rate of Exchange		

REMARKS: (If amount of salary is other than as authorized by Foreign Duty Station Sheet or other official document, explain here).

	Annual Rate	Ant. Payable	
Quarters allowance			
Cost of living allowance			
Special Foreign Living allowance			
aid in _____			
_____	1274-70%	29.40	(Amount) 29.40
_____	Rate of Exchange		

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source. 79.40
 I FURTHER CERTIFY that (indicate by "*" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken 14 hours of _____ leave from _____ to _____, during this period.
 * Quarters and/or meals were furnished me as follows: _____

Rate _____ 19 _____
 _____ Signature or self-applied No. of Payroll _____

Approved for payment _____
 _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose name appears above.
 _____ Signature of P.C. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE MARY E. HUTCHISON Position ADMIN ASST

	Annual Rate	Ant. Payable	
Pay	\$ <u>3397.20</u>	<u>none</u>	<u>none</u>
and in			
Type Currency	Rate of Exchange		(Amount)
(If amount of salary is other than as authorized by Foreign Duty Rate Sheet or other official document, explain here).			

Quarters allowance	Annual Rate	Ant. Payable	
Cost of living allowance			
Special Foreign Living allowance	<u>1092-70%</u>	<u>25.20</u>	
Paid in	Type Currency	Rate of Exchange	<u>25.20</u>
			(Amount)
			TOTAL <u>25.20</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.
 I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

I have taken no hours of _____ leave from _____ to _____ during this period.
 Quarters and/or meals were furnished me as follows: _____

Date _____ to _____
 Signature or self-applied No. of Payee _____
 Approved for payment _____
 Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET No. 25
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE CYNTHIA J. JUSSEL Position INTELL ANALYST

Annual Rate Amt. Payable
 Salary 3397.20 210.34
 Paid in _____ 210.34
 Type Currency _____ Rate of Exchange _____ (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Rate Sheet or other official document, explain here).

Annual Rate Amt. Payable
 Quarters allowance _____
 Cost of living allowance _____
 Special Foreign Living allowance 1092-70% 25.20
 Paid in _____ 25.20
 Type Currency _____ Rate of Exchange _____ (Amount)
TOTAL 235.44

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "x" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

I have taken _____ hours of _____ leave from _____ to _____, during this period.

Quarters and/or meals were furnished me as follows: _____

Date _____ 19____ Signature or self-applied No. of Payee _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose name appears above.

Signature of P.O. making Payment _____

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

* Not required if payment is in accordance with Washington authorization.

** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 26
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE WALTER JESSEL Position REPORTS OFFICER

	Annual Rate	Amt. Payable
Salary	\$ 4902	100.00
Paid in		<u>100.00</u>
	Type Currency	Rate of Exchange
(If amount of salary is other than as authorized by Foreign Duty Pay Sheet or other official document, explain here).		

	Annual Rate	Amt. Payable
Quarters allowance	\$	\$
Cost of living allowance	\$	\$
Special Foreign Living allowance	\$ 1274.70%	\$ 29.40
Paid in		<u>29.40</u>
	Type Currency	Rate of Exchange
		(Amount)
		TOTAL 129.40

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.
 I FURTHER CERTIFY that (indicate by "X" statements applicable)
 I am single without dependents in area.
 I am single with dependents in area.
 I am married without dependents in area.
 I am married with dependents in area
 I was in travel status from _____ to _____ incl.

* I have taken 16 hours of annual leave from 12 Jan 47 to 8 Feb 47, during this period.
 * Quarters and/or meals were furnished me as follows: _____

Date 19 _____

Signature or self-applied No. of Payee _____

* Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET No. 27
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE SIDNEY H. LEWINGTON Position CHIEF, OPERATIONS

	Annual Rate	Amt. Payable
<u>27</u>	\$ <u>7102.20</u>	<u>100.00</u>
<u>2</u> in		<u>100.00</u>
	Type Currency	Rate of Exchange
		(Amount)

REMARKS: (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Wife paid on this roll L&Q prorated

	Annual Rate	Amt. Payable
Quarters allowance	\$ _____	\$ _____
Cost of living allowance	\$ _____	\$ _____
Special Foreign Living allowance	\$ <u>18.20-70%</u>	<u>21.00</u>
Paid in		<u>21.00</u>
	Type Currency	Rate of Exchange
		(Amount)
		TOTAL <u>121.00</u>

I CERTIFY that I have received the above amounts for the purpose and used stated and that I have not been nor will I be reimbursed from any other source.

- I further CERTIFY that (indicate by "x" statements applicable)
- () I am single without dependents in area.
 - () I am single with dependents in area.
 - () I am married without dependents in area.
 - () I am married with dependents in area.
 - () I was in travel status from _____ to _____ incl.

- * I have taken 16 hours of sick leave from 6 Feb 47 to 8 Feb 47, during this period.
- * Quarters and/or meals were furnished me as follows: _____

etc _____ 19 _____

Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET No. 28
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE WILMA T. LEMINGTON Position ADMIN ASST

Annual Rate Amt. Payable
 Salary ----- \$ 3397.20 50.00
 Paid in _____ 50.00
 Type Currency _____ Rate of Exchange _____ (Amount)

REMARKS: (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

L & Q prorated. Refer voucher 27 this roll

Quarters allowance	Annual Rate	Amt. Payable
Cost of living allowance	_____	_____
Special Foreign Living allowance	\$ <u>1820.70</u>	\$ <u>21.00</u>
Paid in _____	_____	<u>21.00</u>
Type Currency _____	Rate of Exchange _____	(Amount)
		TOTAL <u>71.00</u>

I CERTIFY that I have received the above amounts for the purpose and used as stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

- * I have taken 16 hours of annual leave from 21 Jan 47 to 17 Jan 47, during this period.
- * Quarters and/or meals were furnished me as follows: _____

Date 19 _____ Signature or self-applied No. of Payee _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

*money & quarters
paid via machine
1/12/47*

SECRET No. 29
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
NAME OR NUMBER OF PAYEE MAX IIPPMANN Position _____

Annual Rate Amt. Payable
Salary ----- \$ 328.74 per 28 da 328.74
aid in _____ 328.74
Type Currency _____ Rate of Exchange _____ (Amount)
* (If amount of salary is other than as authorized by Foreign Duty Post Sheet or other official document, explain here).

Quarters allowance Annual Rate Amt. Payable _____
Cost of living allowance _____
Special Foreign Living allowance none none
aid in _____ none
Type Currency _____ Rate of Exchange _____ (Amount)
TOTAL 328.74

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)
 I am single without dependents in area.
 I am single with dependents in area.
 I am married without dependents in area.
 I am married with dependents in area
 I am in travel status from _____ to _____ incl.

* I have taken 110 hours of _____ leave from _____ to _____, during this period.
* Quarters and/or meals were furnished me as follows: _____

Date _____ 19 ____
Signature or self-applied No. of Payee _____

* Approved for payment _____
Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
NAME OR NUMBER OF PAYEE OF LIVING ALLOWANCE: Jan 12 - Feb 47

Period of this Voucher: From WILLIAM B. LUM to CLERK
NAME OR NUMBER OF PAYEE _____ Position _____

193.26
Type Currency _____ Rate of Exchange _____ (Amount)

(If amount of salary is other than as authorized by Foreign Duty Station or other official document, explain here).

	Annual Rate	Am. Payable	
Quarters allowance	<u>1092-70%</u>	<u>25.20</u>	
Cost of living allowance			<u>25.20</u>
Special Foreign Living allowance			
Paid in			<u>218.46</u>
Type Currency	Rate of Exchange		(Amount)
			TOTAL

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I Further CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ inc.

* I have taken 445 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

Date _____ 19 ____ Signature or self-applied No. of Payee _____

Approved for payment: _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET No. 31
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE THEOPHILA M. MARTINEAU Position CLERK STENO

Annual Rate/amt. Payable
3021 50.00
 Type Currency Rate of Exchange (Amount)
50.00
 (If amount of salary is other than as authorized by Foreign Duty Rate Sheet or other official document, explain here).

Annual Rate Amt. Payable
 Quarters allowance _____
 Cost of living allowance _____
 Special Foreign Living allowance 1092-70% 25.20
 (Amount) 25.20
 Type Currency Rate of Exchange
TOTAL 75.20

I CERTIFY that I have received the above amount for the purpose and used stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)
 I am single without dependents in area.
 I am single with dependents in area.
 I am married without dependents in area.
 I am married with dependents in area
 I was in travel status from _____ to _____ incl.

* I have taken 8 hours of sick leave from 17 Jan 47 to 18 Jan 47, during this period.
 * Quarters and/or meals were furnished as follows: _____

to _____ 19____
 Signature or self-applied No. of Payee _____
 Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET No. 32
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVED ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 ALL OR NUMBER OF NAME CLARK M. MCENTNEY Position OPR OFFICER

Annual Rate Amt. Payable
4149.60 70.00
 Type Currency Rate of Exchange 70.00
 (If amount of salary is other than as authorized by Foreign Duty Rate Sheet or other official document, explain here).

Arrived Heidelberg 27 Jan 47

Quarters allowance	Annual Rate	Amt. Payable	
Cost of living allowance			
Special Foreign Living allowance	<u>1274.706</u>	<u>13.65</u>	
Paid in	Type Currency	Rate of Exchange	<u>13.65</u>
			(Amount)
			TOTAL 83.65

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.
 I FURTHER CERTIFY that (indicate by * statements applicable)
 I am single without dependents in area.
 I am single with dependents in area.
 I am married without dependents in area.
 I am married with dependents in area
 I was in travel status from _____ to _____ incl.
 * I have taken 111 hours of _____ leave from _____ to _____ during this period.
 * Quarters and/or meals were furnished me as follows: _____
 Date _____ 19 _____
 Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.
 Signature of P.O. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES 33

Period of this Voucher: From _____ to _____

NAME OR NUMBER OF PAYEE _____ Position _____
 12 Jan 47 8 Feb 47

NICHOLAS James Rate _____ Amt. Payable _____

Pay _____
 paid in _____

Type Currency _____ Rate of Exchange _____ (Amount) _____
 (If amount of salary is other than _____ authorized by Foreign Duty Station
 Sheet or other official document, explain here). _____

Quarters allowance	Annual Rate	Amt. Payable
Cost of living allowance	_____	_____
Special Foreign Living allowance	_____	_____

paid in _____
 Type Currency _____ Rate of Exchange _____ (Amount) _____
 1092-70% 25.20 TOTAL 27.20

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

- I further CERTIFY that (indicate by "X" statements applicable)
- I am single without dependents in area.
 - I am single with dependents in area.
 - I am married without dependents in area.
 - I am married with dependents in area.
 - I was in travel status from _____ to _____ incl.

- I have taken 110 hours of _____ leave from _____ to _____, during this period.
- Quarters and/or meals were furnished me as follows: _____

Date _____ 19 _____
 Signature, or self-applied No. of Payroll _____
 Approved for payment: _____
 Signature: _____ Title _____

I hereby CERTIFY that the above payment has been made to the individual whose number appears above.
 Signature of P.O. making Payment _____

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 34
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE JEAN W. WATER Position _____

Annual Rate Amt. Payable
 Salary _____ \$ 4149.60 _____ 50100
 Paid in _____ 50.00
 Type Currency Rate of Exchange (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Post Sheet or other official document, explain here).

Arrived Heidelberg 12 Jan 47

Quarters allowance	Annual Rate	Amt. Payable
Cost of living allowance	_____	_____
Special Foreign Living allowance	<u>1274-70%</u>	<u>29.40</u>
Paid in _____		<u>29.40</u>
Type Currency Rate of Exchange		(Amount)
		<u>TOTAL 29.40</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken NO hours of _____ leave from _____ to _____ during this period.

* Quarters and/or meals were furnished as follows: _____

Case No. _____ to _____ Signature or self-assigned No. of Payee _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No.

VOUCHER FOR PAYMENT OF INDIVIDUAL PAY BY THE
AR/GR ~~CLASSIFIED~~ ~~Jan 04~~ OF LIVING ALLOWANCE: Feb 47

Period of this Voucher: EVA H. POPOVICH to ADMN ASST
NAME OR NUMBER OF PAYEE _____ Position _____

3397-20 Rate 75-00
75.00

Salary paid in _____
Type Currency Rate of Exchange (Amount)
* (If amount of salary is other than as authorized by Foreign Duty Station Secret or other official document, explain here).

Category	Annual Rate	Amount Payable
Quarters allowance	1092-70%	25.20
Cost of living allowance		25.20
Special Foreign Living allowance		100.20
paid in _____		
Type Currency	Rate of Exchange	(Amount)
		TOTAL

I CERTIFY that I have received the above amount for the purpose specified stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "*" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I am in travel status from _____ to _____ incl.

- * I have taken 14 hours of _____ leave from _____ to _____, during this period.
- * Quarters and/or meals were furnished as follows: _____

Date _____ 19 _____ Signature or self-applied No. of Payee _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- * Not required if payment is in accordance with Washington authorization.
- ** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 36
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE: GEORGE A. SCHRIEVER Position ADMIN OFFICER

	Annual Rate	Ant. Payable	
Payroll	\$4902	150.00	150.00
Type Currency	Rate of Exchange		(Amount)
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).			

	Annual Rate	Ant. Payable	
Quarters allowance			
Cost of living allowance			
Special Foreign Living allowance	1274-70%	29.40	29.40
aid in	Type Currency	Rate of Exchange	(Amount)
			TOTAL 179.40

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

• I have taken 40 hours of _____ leave from _____ to _____ during this period.

• Quarters and/or meals were furnished me as follows: _____

Approved for payment _____
 Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of F.O. making Payment

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 37
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE SARAH E. SMYTHE Position ANALYST

	Annual Rate	Amt. Payable
Payroll	\$ 2644.80	100.00
in _____		100.00
Type Currency	Rate of Exchange	(Amount)
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).		

	Annual Rate	Amt. Payable
Quarters allowance		
Cost of living allowance		
Special Foreign Living allowance	*1092-703	25.20
aid in _____		25.20
Type Currency	Rate of Exchange	(Amount)
TOTAL 125.20		

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

- I further CERTIFY that (indicate by "X" statements applicable)
- I am single without dependents in area.
 - I am single with dependents in area.
 - I am married without dependents in area.
 - I am married with dependents in area.
 - I was in travel status from _____ to _____ incl.
- * I have taken 14 hours of _____ leave from _____ to _____ during this period.
 - * Quarters and/or meals were furnished me as follows: _____

_____, 19____
 Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
 * Not required if payment is in accordance with Washington authorization.
 * Not required if voucher is signed by payee with full pay roll name.

SECRET No. 38

VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE JACK A. SOERGEHREI Position

	Annual Rate	Amt. Payable	
Pay	\$ 2644.80	75.00	
in			75.00
Type Currency	Rate of Exchange		(Amount)

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

	Annual Rate	Amt. Payable	
Quarters allowance	\$		
Cost of living allowance	\$		
Special Foreign Living allowance	\$ 1092-70%	25.20	
aid in			25.20
Type Currency	Rate of Exchange		(Amount)
			TOTAL 100.20

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken 100 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished as follows: _____

Signature of self-applied No. of Payee

Approved for payment Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of F.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 39
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE EMERSON T. SQUIRE Position EDITOR ANALYST

Annual Rate Amt. Payable
 Salary \$ 4149.60 303.24
 Paid in _____
 Type Currency _____ Rate of Exchange _____
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Quarters allowance _____ Annual Rate Amt. Payable _____
 Cost of living allowance _____
 Special Foreign Living allowance 1878-70% 29.40
 Paid in _____
 Type Currency _____ Rate of Exchange _____
 TOTAL 332.64

I CERTIFY that I have received the above amounts for the purpose specified stated and that I have not been nor will I be reimbursed from any other source.
 I FURTHER CERTIFY that (indicate by "X" statement applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken NO hours of _____ leave from _____ to _____ during this period.
 * Quarters and/or meals were furnished as follows: _____

Approved for payment _____
 Signature _____ Title _____
 Signature of self-applied No. of Payee _____

I CERTIFY that the above payment has been made to the individual whose number appears above.
 Signature of P.O. making payment _____

* If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
 * Not required if payment is in accordance with Washington authorization.
 * Not required if voucher is signed by payee with full pay roll name.

SECRET No. 40
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE GORDON M. STEWART Position CHIEF, INTELL.

	Annual Rate	Amt. Payable
Salary	\$ 7102.20	200.00
Type Currency		200.00
Rate of Exchange		(Amount)
<small>(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).</small>		

	Annual Rate	Amt. Payable
Quarters allowance	\$	\$
Cost of living allowance	\$	\$
Special Foreign Living allowance	\$ 1820.75	\$ 42.00
Aid in		42.00
Type Currency		(Amount)
Rate of Exchange		TOTAL
		242.00

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken 44.4 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

Signature of payee _____ 19 _____

Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 41
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE CHARLES E. STUBING Position _____

Annual Rate Amt. Payable

in \$ 5904.20 none

Type Currency Rate of Exchange none
 (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Quarters allowance	Annual Rate	Amt. Payable	
Cost of living allowance	\$ _____	\$ _____	
Special Foreign Living allowance	\$ <u>1456</u>	\$ <u>112.00</u>	
aid in			<u>112.00</u>
Type Currency	Rate of Exchange		(Amount)
			TOTAL <u>112.00</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- I am single without dependents in area.
 - I am single with dependents in area.
 - I am married without dependents in area.
 - I am married with dependents in area.
 - I was in travel status from _____ to _____ incl.

I have taken 14 hours of _____ leave from _____ to _____ during this period.

Quarters and/or meals were furnished me as follows: _____

_____ 19____ Signature or self-applied No. of Payee

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.C. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 42
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE ALFRED R. SWITGALL Position _____

	Annual Rate	Amt. Payable
Salary	\$ <u>4902</u>	<u>200.00</u>
Paid in _____		<u>200.00</u>
Type Currency	Rate of Exchange	(Amount)

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

	Annual Rate	Amt. Payable
Quarters allowance	\$ _____	\$ _____
Cost of living allowance	\$ _____	\$ _____
Special Foreign Living allowance	\$ <u>1274.70%</u>	\$ <u>29.40</u>
Paid in _____		<u>29.40</u>
Type Currency	Rate of Exchange	(Amount)
		TOTAL <u>229.40</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be re-imbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- I am single without dependents in area.
 - I am single with dependents in area.
 - I am married without dependents in area.
 - I am married with dependents in area.
 - I was in travel status from _____ to _____ incl.
- I have taken 100 hours of _____ leave from _____ to _____ during this period.
 - Quarters and/or meals were furnished me as follows: _____

_____ 19____ Signature or self-applied No. of Payee _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 43
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 Name OR NUMBER OF PAYEE KURT L. TAUB Position SR INTELL OFFICER

	Annual Rate	Amt. Payable
Pay	\$ <u>4902.20</u>	<u>none</u>
Type Currency		<u>none</u>
Rate of Exchange		(Amount)
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).		

Quarters allowance	\$ <u> </u>	\$ <u> </u>
Cost of living allowance <i>Prognal</i>	\$ <u> </u>	\$ <u> </u>
Special Foreign Living allowance	\$ <u>1642</u>	\$ <u>126.30</u>
aid in		<u>126.30</u>
Type Currency	Rate of Exchange	(Amount)
		TOTAL <u>126.30</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.
 I FURTHER CERTIFY that (indicate by "X" statements applicable)
 I am single without dependents in area.
 I am single with dependents in area.
 I am married without dependents in area.
 I am married with dependents in area.
 I was in travel status from _____ to _____ incl.

* I have taken 240 hours of _____ leave from _____ to _____, during this period.
 * Quarters and/or meals were furnished me as follows: _____

Date 19 _____ Signature or self-applied No. of Payee _____

Approved for payment _____ Signature _____
I certify that the above reimbursement has been made on the basis of official documents is typed and correct. Title has been forwarded copy of this voucher and there is signed original or receipt in lieu of this copy.

I CERTIFY that the above payment has been made _____
 appears above. _____
 Signature of P.O. making payment _____

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
 * Not required if payment is in accordance with Washington authorization.
 ** Not required if voucher is signed by payee with full pay roll name.

SECRET No. 44
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OF MEMBER OF SERVICE ROBERT W. TUCKER Position REPORTS OFFICER

	Annual Rate	Amt. Payable
Pay	\$ <u>5905.20</u>	<u>50.00</u>
Rate	Type Currency	Rate of Exchange
		<u>50.00</u>
	(Amount)	
(If amount of salary is other than as authorized by Foreign Duty Rate Sheet or other official document, explain here).		

Arrived Heidelberg 27 Jan 47

	Annual Rate	Amt. Payable
Quarters allowance	\$ _____	\$ _____
Cost of living allowance	\$ _____	\$ _____
Special Foreign Living allowance	\$ <u>1456.20</u>	\$ <u>15.60</u>
Paid in	Type Currency	Rate of Exchange
		<u>15.60</u>
	(Amount)	
	TOTAL <u>65.60</u>	

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.
 I FURTHER CERTIFY that (indicate by "X" statements applicable)

() I am single without dependents in area.
 () I am single with dependents in area.
 () I am married without dependents in area.
 () I am married with dependents in area
 () I was in travel status from _____ to _____ incl.

* I have taken 146 hours of _____ leave from _____ to _____ during this period.
 * Quarters and/or meals were furnished me as follows: _____

to _____ 19 ____.

Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.
 Signature of P.O. making payment _____

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET No. 45
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE: VICTOR WALLEN Position CPR OFFICER

	Annual Rate	Ant. Payable	
Pay	\$ 4149.60	100.00	
is in			100.00
Type Currency	Rate of Exchange		(Amount)
If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).			

	Annual Rate	Ant. Payable	
Quarters allowance			
Cost of living allowance			
Special Foreign Living allowance	\$ 1592.72	36.74	
aid in			36.74
Type Currency	Rate of Exchange		(Amount)
			TOTAL 136.74

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- I am single without dependents in area.
 - I am single with dependents in area.
 - I am married without dependents in area.
 - I am married with dependents in area.
 - I was in travel status from _____ to _____ incl.

- * I have taken 414 hours of _____ leave from _____ to _____ during this period.
- * Quarters and/or meals were furnished me as follows: _____

Done _____ 19 _____ Signature or self-applied No. of Payee

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
 * Not required if payment is in accordance with Washington authorization.
 * Not required if voucher is signed by payee with full pay roll name.

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVED ALLOWANCES 46

Period of this Voucher: From _____ to _____

DATE OF NUMBER OF D.V. 12 Jan 47 Position 8 Feb 47

HENRY MUNSCH JR. JR. OFFICER
 Annual Rate Amt. Payable _____

Type Currency Rate of Exchange 100.00 (Amount)
 149.60
 (If amount of salary is other than as authorized by Foreign Pay Data Sheet or other official document, explain here).

Quarters allowance Annual Rate Amt. Payable _____
 Cost of living allowance _____
 Special Foreign Living allowance _____
 Paid in _____

Type Currency Rate of Exchange 1274-70% 29.40 (Amount)
 182.40

I CERTIFY that I have received the above amounts for the purpose and will not be reimbursed from any other source.

- I further CERTIFY that (indicate by "X" statements applicable)
- () I am single without dependents in area.
 - () I am single with dependents in area.
 - () I am married without dependents in area.
 - () I am married with dependents in area.
 - () I was in travel status from _____ to _____ incl.

* I have taken no hours of _____ leave from _____ to _____ during this period.

* Quarters and/or meals were furnished me as follows: _____

19 _____
 Signature or self-applied No. of Payee _____
 Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full pay roll name.

SECRET No. 47
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE VIRGINIA BLATT Position ADMIN ASST

Annual Rate Amt. Payable
\$ 4149.60 NONE
 Type Currency Rate of Exchange NONE
 (Amount)
 If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Left for Leave in U. S. 4 Dec 46

Quarters allowance	Annual Rate	Amt. Payable
Cost of living allowance		
Special Foreign Living allowance	<u>\$ 1274.73</u>	<u>none</u>
Aid in	Type Currency	Rate of Exchange
		<u>NONE</u>
		(Amount)
		<u>TOTAL</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.
 I FURTHER CERTIFY that (indicate by "X" statements applicable)
 I am single without dependents in area.
 I am single with dependents in area.
 I am married without dependents in area.
 I am married with dependents in area.
 I was in travel status from _____ to _____ incl.
 • I have taken _____ hours of _____ leave from _____ to _____ during this period.
 • Quarters and/or meals were furnished me as follows: _____

Signature or self-applied No. of Payee

 Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 48
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR ALLOWANCES AND COST OF LIVING ALLOWANCES

Period of this Voucher: From _____ to _____

NAME OR NUMBER OF PAYEE 12 Jan 47 Position 8 Feb 47

ARTHUR A. [unclear] CLERK-TYPIST
 Annual Rate Amt. Payable

Type Currency Rate of Exchange 2644.80 75.00 (Amount)
 If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here: 100.20

Travel allowance	Annual Rate	Amt. Payable
Cost of living allowance	_____	_____
Special Foreign Living allowance	_____	_____
_____	_____	_____

Type Currency Rate of Exchange 092-70% 25.20 (Amount)
100.20

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source. I further CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

• I have taken _____ hours of _____ leave from _____ to _____ during this period.

• Quarters and/or meals were furnished me as follows: _____

Approved for payment _____
 Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment _____

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 49
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR DESIGN OF PAYEE MARION F. CAMPBELL Position CLERK

	Annual Rate	Amt. Payable
Pay	\$ <u>2644.80</u>	<u>60.00</u>
and in		<u>60.00</u>
	Type Currency	Rate of Exchange (Amount)

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

	Annual Rate	Amt. Payable
Quarters allowance	\$ _____	\$ _____
Cost of living allowance	\$ _____	\$ _____
Special Foreign Living allowance	\$ <u>1092.70%</u>	\$ <u>25.20</u>
aid in		<u>25.20</u>
	Type Currency	Rate of Exchange (Amount)
		TOTAL <u>25.20</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "*" statements applicable)
- () I am single without dependents in area.
 - () I am single with dependents in area.
 - () I am married without dependents in area.
 - () I am married with dependents in area.
 - () I was in travel status from _____ to _____ incl.

- * I have taken 11 1/2 hours of _____ leave from _____ to _____ during this period.
- * Quarters and/or meals were furnished me as follows: _____

to _____ 19 ____.

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment _____

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
 * Not required if payment is in accordance with Washington authorization.
 * Not required if voucher is signed by payee with full pay roll name.

SECRET No. 50
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE VERGINIA L. CAREY Position ADMIN ASST

	Annual Rate	Amt. Payable	
	\$ 3397.20	75.00	
	Type Currency	Rate of Exchange	75.00
	(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).		

	Annual Rate	Amt. Payable	
Travel Allowance			
Cost of living allowance			
Special Foreign Living allowance	1092.70%	25.20	
and in	Type Currency	Rate of Exchange	25.20
			(Amount)
			TOTAL 100.20

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.
 I FURTHER CERTIFY that (indicate by "X" statements applicable)
 I am single without dependents in area.
 I am single with dependents in area.
 I am married without dependents in area.
 I am married with dependents in area
 I was in travel status from _____ to _____ incl.
 * I have taken 44 hours of _____ leave from _____ to _____, during this period.
 * Quarters and/or meals were furnished me as follows: _____
 _____ 19 ____
 Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.C. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET No. 51
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE MARION F. HECK Position CLERK

Annual Rate Amt. Payable

Salary in \$ 3021 75.00
75.00

Type Currency Rate of Exchange (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Quarters allowance	Annual Rate	Amt. Payable	
Cost of living allowance			
Special Foreign Living allowance	<u>1092.20</u>	<u>25.20</u>	
Paid in			<u>25.20</u>
Type Currency	Rate of Exchange		(Amount)
			TOTAL 109.20

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)
 I am single without dependents in area.
 I am single with dependents in area.
 I am married without dependents in area.
 I am married with dependents in area
 I was in travel status from _____ to _____ incl.

* I have taken 400 hours of _____ leave from _____ to _____ during this period.
 * Quarters and/or meals were furnished me as follows: _____

Date 19 _____ Signature or self-applied No. of Payee _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.
 _____ Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET

No. 52

**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Mar 47
 MEMBER OF PAYROLL DOROTHY A. KUNZIG Position CLERK

	Annual Rate	Ant. Payable	
	\$ <u>2644.80</u>	<u>75.00</u>	<u>75.00</u>
Type Currency	Rate of Exchange		(Amount)

(If amount of salary is other than as authorized by Foreign Duty Data sheet or other official document, explain here).

	Annual Rate	Ant. Payable	
Quarters allowance	\$ _____	\$ _____	
Cost of living allowance	\$ _____	\$ _____	
Special Foreign Living allowance	\$ <u>1092.70%</u>	\$ <u>25.20</u>	
Paid in			<u>25.20</u>
Type Currency	Rate of Exchange		(Amount) <u>100.20</u>
			TOTAL

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- () I am single without dependents in area.
 - () I am single with dependents in area.
 - () I am married without dependents in area.
 - () I am married with dependents in area.
 - () I was in travel status from _____ to _____ incl.

* I have taken 140 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

Signature of self-applied No. of Payroll _____
 Approved for payment _____
 Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.
 Signature of P.C. making Payment _____

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL 33
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 19 Jan 47 to 8 Jan 47
 NAME OR NUMBER OF PAYEE FRANK H. MANGENG Position CHIEF, FINANCE

Annual Rate Amt. Payable
 \$ 5905.20 92.30%
 Type Currency Rate of Exchange 92 (39) amt
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Quarters allowance	Annual Rate	Amt. Payable
Cost of living allowance	\$ _____	\$ _____
Special Foreign Living allowance	\$ _____	\$ _____
Aid in _____	<u>1456-70%</u>	<u>33.60</u>
Type Currency	Rate of Exchange	<u>(1456-70)</u>
		TOTAL

I CERTIFY that I have received the above amounts for the purpose authorized and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)
 I am single without dependents in area.
 I am single with dependents in area.
 I am married without dependents in area.
 I am married with dependents in area
 I was in travel status from _____ to _____ incl.

* I have taken 146 hours of _____ leave from _____ to _____ during this period.
 * Quarters and/or meals were furnished me as follows: _____

Signature or self-applied No. of Payee _____

Approved for payment Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment _____

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
 * Not required if payment is in accordance with Washington authorization.
 ** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET
 VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCE

Period of this Voucher: From _____ to _____
 NAME OR NUMBER OF PAYEE 12 Jan 47 Position 8 Feb 47
PHILIP H. VEITH ADMIN ASST
 Annual Rate Amt. Payable

Type Currency Rate of Exchange 3522.60 50.00 _____
 (If amount of salary is other than as authorized by Foreign Duty Rate Sheet or other official document, explain here). (60% 00%)

Quarters allowance _____ Annual Rate Amt. Payable _____
 Cost of living allowance _____
 Special Foreign Living allowance _____
 Paid in _____
 Type Currency Rate of Exchange 092-70% 25.20 _____
 (Amount) 75.20
 Total _____

I CERTIFY that I have received the above amounts for the purpose and used as stated and that I have not been nor will I be reimbursed from any other source.
 I FURTHER CERTIFY that (indicate by "x" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken 7 1/2 hours of _____ leave from _____ to _____, during this period.
 * Quarters and/or meals were furnished me as follows: _____

Approved for payment _____ Signature or self-applied No. of Payee _____
 _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- * Not required if payment is in accordance with Washington authorization.
- ** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 55
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OF MEMBER OF PAYEE CROSBY LEWIS Position CHIEF OF MISSION

Annual Rate Amt. Payable
8179.50 597.72
 in _____
 Type Currency Rate of Exchange 597.72
 (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Annual Rate Amt. Payable
 of living allowance _____
 of Foreign Living allowance _____
 aid in _____
 Type Currency Rate of Exchange 42.00
 (Amount)
 TOTAL 639.72

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.
 I HEREBY CERTIFY that (indicate by "X" statements applicable)
 I am single without dependents in area.
 I am single with dependents in area.
 I am married without dependents in area.
 I am married with dependents in area.
 I was in travel status from _____ to _____ incl.
 * I have taken 34 hours of Annual leave from 12 Jan 47 to 8 Feb 47, during this period.
 * Quarters and/or meals were furnished me as follows: _____

 Signature or self-applied No. of Payee
 Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "none" in blanks.
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET No. 70
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OF MEMBER OF PAYEE: KATHERINE L. GALLAGHER Position ADMIN ASST

Annual Rate Amt. Payable

\$ 3397.20 100.00

Type Currency Rate of Exchange 100.00
 (Amount)

If amount of salary is other than as authorized by Foreign Duty Detachment or other official document, explain here:

Quarters allowance	Annual Rate	Amt. Payable
Cost of living allowance		
Special Foreign Living allowance	<u>1092.20</u>	<u>25.20</u>

Type Currency	Rate of Exchange	<u>25.20</u>
		(Amount)
		TOTAL <u>125.20</u>

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I HEREBY CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken ND hours of _____ leave from _____ to _____ during this period.

* Quarters and/or meals were furnished as follows: _____

Date 10 _____
 Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

No. 57

VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 Name of Member of Payee MARY JANE HAWLEY Position STENO

Annual Rate	Ant. Payable	
\$ 2644.80	100.00	100.00

Type Currency _____ Rate of Exchange _____ (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Annual Rate	Ant. Payable	
\$ 1092.70%	25.20	25.20
		TOTAL 125.20

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.
 I further CERTIFY that (indicate by "X" statements applicable)
 I am single without dependents in area.
 I am single with dependents in area.
 I am married without dependents in area.
 I am married with dependents in area
 I was in travel status from _____ to _____ incl.

* I have taken 140 hours of _____ leave from _____ to _____ during this period.
 * Quarters and/or meals were furnished me as follows: _____

Approved for payment _____ Signature or self-applied No. of Payee _____
 _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.
 _____ Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR ALLOWANCE OF LIVING ALLOWANCE 8 Feb 47

Period of this Voucher: From HELEN E. MORGAN to CLERK STENO
 NAME OR NUMBER OF PAYEE _____ Position _____

	Annual Rate	Am't. Payable
1. <u>_____</u>	_____	_____
2. <u>_____</u>	_____	_____
3. <u>_____</u>	_____	_____
4. <u>_____</u>	_____	_____
5. <u>_____</u>	_____	_____
6. <u>_____</u>	_____	_____
7. <u>_____</u>	_____	_____
8. <u>_____</u>	_____	_____
9. <u>_____</u>	_____	_____
10. <u>_____</u>	_____	_____
11. <u>_____</u>	_____	_____
12. <u>_____</u>	_____	_____
13. <u>_____</u>	_____	_____
14. <u>_____</u>	_____	_____
15. <u>_____</u>	_____	_____
16. <u>_____</u>	_____	_____
17. <u>_____</u>	_____	_____
18. <u>_____</u>	_____	_____
19. <u>_____</u>	_____	_____
20. <u>_____</u>	_____	_____
21. <u>_____</u>	_____	_____
22. <u>_____</u>	_____	_____
23. <u>_____</u>	_____	_____
24. <u>_____</u>	_____	_____
25. <u>_____</u>	_____	_____
26. <u>_____</u>	_____	_____
27. <u>_____</u>	_____	_____
28. <u>_____</u>	_____	_____
29. <u>_____</u>	_____	_____
30. <u>_____</u>	_____	_____
31. <u>_____</u>	_____	_____
32. <u>_____</u>	_____	_____
33. <u>_____</u>	_____	_____
34. <u>_____</u>	_____	_____
35. <u>_____</u>	_____	_____
36. <u>_____</u>	_____	_____
37. <u>_____</u>	_____	_____
38. <u>_____</u>	_____	_____
39. <u>_____</u>	_____	_____
40. <u>_____</u>	_____	_____
41. <u>_____</u>	_____	_____
42. <u>_____</u>	_____	_____
43. <u>_____</u>	_____	_____
44. <u>_____</u>	_____	_____
45. <u>_____</u>	_____	_____
46. <u>_____</u>	_____	_____
47. <u>_____</u>	_____	_____
48. <u>_____</u>	_____	_____
49. <u>_____</u>	_____	_____
50. <u>_____</u>	_____	_____
51. <u>_____</u>	_____	_____
52. <u>_____</u>	_____	_____
53. <u>_____</u>	_____	_____
54. <u>_____</u>	_____	_____
55. <u>_____</u>	_____	_____
56. <u>_____</u>	_____	_____
57. <u>_____</u>	_____	_____
58. <u>_____</u>	_____	_____
59. <u>_____</u>	_____	_____
60. <u>_____</u>	_____	_____
61. <u>_____</u>	_____	_____
62. <u>_____</u>	_____	_____
63. <u>_____</u>	_____	_____
64. <u>_____</u>	_____	_____
65. <u>_____</u>	_____	_____
66. <u>_____</u>	_____	_____
67. <u>_____</u>	_____	_____
68. <u>_____</u>	_____	_____
69. <u>_____</u>	_____	_____
70. <u>_____</u>	_____	_____
71. <u>_____</u>	_____	_____
72. <u>_____</u>	_____	_____
73. <u>_____</u>	_____	_____
74. <u>_____</u>	_____	_____
75. <u>_____</u>	_____	_____
76. <u>_____</u>	_____	_____
77. <u>_____</u>	_____	_____
78. <u>_____</u>	_____	_____
79. <u>_____</u>	_____	_____
80. <u>_____</u>	_____	_____
81. <u>_____</u>	_____	_____
82. <u>_____</u>	_____	_____
83. <u>_____</u>	_____	_____
84. <u>_____</u>	_____	_____
85. <u>_____</u>	_____	_____
86. <u>_____</u>	_____	_____
87. <u>_____</u>	_____	_____
88. <u>_____</u>	_____	_____
89. <u>_____</u>	_____	_____
90. <u>_____</u>	_____	_____
91. <u>_____</u>	_____	_____
92. <u>_____</u>	_____	_____
93. <u>_____</u>	_____	_____
94. <u>_____</u>	_____	_____
95. <u>_____</u>	_____	_____
96. <u>_____</u>	_____	_____
97. <u>_____</u>	_____	_____
98. <u>_____</u>	_____	_____
99. <u>_____</u>	_____	_____
100. <u>_____</u>	_____	_____

	Annual Rate	Am't. Payable
1. <u>_____</u>	_____	_____
2. <u>_____</u>	_____	_____
3. <u>_____</u>	_____	_____
4. <u>_____</u>	_____	_____
5. <u>_____</u>	_____	_____
6. <u>_____</u>	_____	_____
7. <u>_____</u>	_____	_____
8. <u>_____</u>	_____	_____
9. <u>_____</u>	_____	_____
10. <u>_____</u>	_____	_____
11. <u>_____</u>	_____	_____
12. <u>_____</u>	_____	_____
13. <u>_____</u>	_____	_____
14. <u>_____</u>	_____	_____
15. <u>_____</u>	_____	_____
16. <u>_____</u>	_____	_____
17. <u>_____</u>	_____	_____
18. <u>_____</u>	_____	_____
19. <u>_____</u>	_____	_____
20. <u>_____</u>	_____	_____
21. <u>_____</u>	_____	_____
22. <u>_____</u>	_____	_____
23. <u>_____</u>	_____	_____
24. <u>_____</u>	_____	_____
25. <u>_____</u>	_____	_____
26. <u>_____</u>	_____	_____
27. <u>_____</u>	_____	_____
28. <u>_____</u>	_____	_____
29. <u>_____</u>	_____	_____
30. <u>_____</u>	_____	_____
31. <u>_____</u>	_____	_____
32. <u>_____</u>	_____	_____
33. <u>_____</u>	_____	_____
34. <u>_____</u>	_____	_____
35. <u>_____</u>	_____	_____
36. <u>_____</u>	_____	_____
37. <u>_____</u>	_____	_____
38. <u>_____</u>	_____	_____
39. <u>_____</u>	_____	_____
40. <u>_____</u>	_____	_____
41. <u>_____</u>	_____	_____
42. <u>_____</u>	_____	_____
43. <u>_____</u>	_____	_____
44. <u>_____</u>	_____	_____
45. <u>_____</u>	_____	_____
46. <u>_____</u>	_____	_____
47. <u>_____</u>	_____	_____
48. <u>_____</u>	_____	_____
49. <u>_____</u>	_____	_____
50. <u>_____</u>	_____	_____
51. <u>_____</u>	_____	_____
52. <u>_____</u>	_____	_____
53. <u>_____</u>	_____	_____
54. <u>_____</u>	_____	_____
55. <u>_____</u>	_____	_____
56. <u>_____</u>	_____	_____
57. <u>_____</u>	_____	_____
58. <u>_____</u>	_____	_____
59. <u>_____</u>	_____	_____
60. <u>_____</u>	_____	_____
61. <u>_____</u>	_____	_____
62. <u>_____</u>	_____	_____
63. <u>_____</u>	_____	_____
64. <u>_____</u>	_____	_____
65. <u>_____</u>	_____	_____
66. <u>_____</u>	_____	_____
67. <u>_____</u>	_____	_____
68. <u>_____</u>	_____	_____
69. <u>_____</u>	_____	_____
70. <u>_____</u>	_____	_____
71. <u>_____</u>	_____	_____
72. <u>_____</u>	_____	_____
73. <u>_____</u>	_____	_____
74. <u>_____</u>	_____	_____
75. <u>_____</u>	_____	_____
76. <u>_____</u>	_____	_____
77. <u>_____</u>	_____	_____
78. <u>_____</u>	_____	_____
79. <u>_____</u>	_____	_____
80. <u>_____</u>	_____	_____
81. <u>_____</u>	_____	_____
82. <u>_____</u>	_____	_____
83. <u>_____</u>	_____	_____
84. <u>_____</u>	_____	_____
85. <u>_____</u>	_____	_____
86. <u>_____</u>	_____	_____
87. <u>_____</u>	_____	_____
88. <u>_____</u>	_____	_____
89. <u>_____</u>	_____	_____
90. <u>_____</u>	_____	_____
91. <u>_____</u>	_____	_____
92. <u>_____</u>	_____	_____
93. <u>_____</u>	_____	_____
94. <u>_____</u>	_____	_____
95. <u>_____</u>	_____	_____
96. <u>_____</u>	_____	_____
97. <u>_____</u>	_____	_____
98. <u>_____</u>	_____	_____
99. <u>_____</u>	_____	_____
100. <u>_____</u>	_____	_____

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- () I am single without dependents in area.
 - () I am single with dependents in area.
 - () I am married without dependents in area.
 - () I am married with dependents in area.
 - () I was in travel status from _____ to _____ incl.

• I have taken _____ hours of _____ leave from _____ to _____, during this period.

• Quarters and/or meals were furnished me as follows: _____

Made on _____ 19____.

Signature or self-applied No. of Payee _____

Approved for payment _____

Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number _____ years above.

Signature of P.O. making Payment _____

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blocks."

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by exec with full pay roll name.

SECRET

SECRET No. 59
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE WILLIAM L. BALAZS Position MISSION OFFICER

Annual Rate = Amt. Payable
\$ 5905.20 125.00
 Type Currency Rate of Exchange (Amount)
125.00

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

	Annual Rate	Amt. Payable
Quarters allowance		
Cost of living allowance		
1/1 Foreign Living allowance	<u>1455-70%</u>	<u>33.60</u>
is in		
Type Currency	Rate of Exchange	(Amount)
		<u>33.60</u>
		TOTAL <u>158.60</u>

I CERTIFY that I have received the above amounts for the purpose and used stated and that I have not been nor will I be reimbursed from any other source.

- I further CERTIFY that (indicate by "X" statements applicable)
- I am single without dependents in area.
 - I am single with dependents in area.
 - I am married without dependents in area.
 - I am married with dependents in area.
 - I was in travel status from _____ to _____ incl.

* I have taken 440 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

Approved for payment _____
 Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

* If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET No. 60
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF J.W.P. ANNE CURTIS Position CLERK

	Annual Rate	Amt. Payable
Payroll	\$ <u>2644.80</u>	<u>50.00</u>
aid in _____		<u>50.00</u>
	Type Currency	Rate of Exchange (Amount)
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).		

	Annual Rate	Amt. Payable
Quarters allowance	\$ _____	\$ _____
Cost of living allowance	\$ _____	\$ _____
Special Foreign Living allowance	\$ <u>1092-70%</u>	\$ <u>25.20</u>
aid in _____		<u>25.20</u>
	Type Currency	Rate of Exchange (Amount)
		TOTAL <u>75.20</u>

I CERTIFY that I have received the above amounts for the purpose and used stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

- I have taken 4.0 hours of _____ leave from _____ to _____ during this period.
- Quarters and/or meals were furnished me as follows: _____

Date _____ 19 _____ Signature or self-applied No. of Payco _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blank.
- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payco with full pay roll name.

SECRET

SECRET No. 61
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE: MARGARET L. GERRICE Position CLERK

	Annual Rate	Amt. Payable	
Pay	\$ <u>2644.80</u>	<u>50.00</u>	
aid in	Type Currency	Rate of Exchange	<u>50.00</u> (Amount)

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

	Annual Rate	Amt. Payable	
Quarters allowance	\$ _____	\$ _____	
Cost of living allowance	\$ _____	\$ _____	
Cost of Foreign Living allowance	\$ <u>1092-70%</u>	\$ <u>25.20</u>	
aid in	Type Currency	Rate of Exchange	<u>25.20</u> (Amount)
			TOTAL <u>75.20</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- () I am single without dependents in area.
 - () I am single with dependents in area.
 - () I am married without dependents in area.
 - () I am married with dependents in area.
 - () I was in travel status from _____ to _____ incl.

- * I have taken 3 1/2 hours of insh leave from 4 Feb 47 to 5 Feb 47 during this period.
- * Quarters and/or meals were furnished me as follows: _____

Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose name appears above.

Signature of P.O. making Payment _____

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From _____ to _____
 No. _____
 SER OR NUMBER OF PAYEE _____ 12 Jan 47 _____ 8 Feb 47
 Position _____ CIPRA
 Annual Rate Amt. Payable _____

Type Currency _____ Rate of Exchange 644.80 50.00
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).
 50.00 (amt)

Quarters allowance	Annual Rate	Amt. Payable
Cost of living allowance	_____	_____
Cost of 1 Foreign Living allowance	_____	_____
id in _____	Type Currency _____	Rate of Exchange 1092-70% 25.20
		(25.20) TOTAL

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.
 I FURTHER CERTIFY that (indicate by "x" statements applicable)
 I am single without dependents in area.
 I am single with dependents in area.
 I am married without dependents in area.
 I am married with dependents in area
 I was in travel status from _____ to _____ incl.

* I have taken 40 hours of sick leave from 10 Jan 47 to 25 Jan 47, during this period.
 * Quarters and/or meals were furnished me as follows: _____

Approved for payment _____ Signature or self-applied No. of Payee _____
 Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.
 Signature of P.O. making Payment _____

If no leave was taken or if quarters and/or meals were not furnished during period, write "none" in blanks.
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET No. 63
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE EVERETT F. JAMES Position ENGINEER RAILROAD OPER

Annual Rate	Amt. Payable
Salary <u>\$ 3621</u>	<u>100.00</u>
Paid in _____	<u>100.00</u>
Type Currency _____	(Amount)
Rate of Exchange _____	
* (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).	

Arrived Heidelberg 27 Jan 47

Annual Rate	Amt. Payable
Quarters allowance _____	_____
Cost of living allowance _____	_____
Special Foreign Living allowance <u>\$ 1092-70%</u>	<u>\$ 11.70</u>
Paid in _____	<u>111.70</u>
Type Currency _____	(Amount)
Rate of Exchange _____	
TOTAL <u>111.70</u>	

I CERTIFY that I have received the above amounts for the purpose and used stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken 140 hours of _____ leave from _____ to _____ during this period.

* Quarters and/or meals were furnished me as follows: _____

Date 19 _____

Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 64
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE LEO J. JUNGHE Position RADIO MAINT.

Annual Rate Amt. Payable
\$ 2644.80 none none
 Type Currency Rate of Exchange (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Quarters allowance	Annual Rate	Amt. Payable	
Cost of living allowance			
Special Foreign Living allowance	<u>\$ 1652.704</u>	<u>17.10</u>	
aid in	Type Currency	Rate of Exchange	<u>17.10</u> (Amount)
			TOTAL <u>17.10</u>

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source. I FURTHER CERTIFY that (indicate by "X" statements applicable):

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from 20 Jan 47 to 28 Jan 47 incl.

* I have taken 146 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

Approved for payment _____ Signature or self-applied No. of Payee
 _____ Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

* If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET No. 65
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVED ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE JOSEPH KAPLAN Position RADIO CBR TECH

Annual Rate Amt. Payable

Payable in 3397.20 none none

Type Currency Rate of Exchange (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Quarters allowance	Annual Rate	Amt. Payable	
Cost of living allowance			
Foreign Living allowance	<u>1000.00</u>	<u>25.20</u>	
Payable in	Type Currency	Rate of Exchange	<u>25.20</u> (Amount) TOTAL 25.20

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- I am single without dependents in area.
 - I am single with dependents in area.
 - I am married without dependents in area.
 - I am married with dependents in area.
 - I was in travel status from _____ to _____ incl.

- * I have taken 410 hours of _____ leave from _____ to _____ during this period.
- * Quarters and/or meals were furnished me as follows: _____

 Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 66
**VOUCHER FOR PAYMENT OF INDIVIDUAL TAX RENT
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 ALL OR NUMBER OF NAME JOSEPH E. JOEYAN Position TECHNICIAN

	Annual Rate	Ent. Payable	
	\$ <u>3397.20</u>	<u>50.00</u>	
Type Currency	Rate of Exchange		<u>50.00</u>
			(Amount)

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Quarters allowance	Annual Rate	Ent. Payable	
Cost of living allowance			
Special Foreign Living allowance	\$ <u>1092.704</u>	\$ <u>25.30</u>	
aid in	Type Currency	Rate of Exchange	<u>15.30</u>
			(Amount)
			TOTAL 65.30

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.
 I further CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from 14 Jan 47 to 24 Jan 47 incl.

- * I have taken 144 hours of _____ leave from _____ to _____, during this period.
- * Quarters and/or meals were furnished me as follows: _____

 Signature or self-applied No. of Payco

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.C. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full pay roll name.

SECRET No. 67
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE ELIJAH L. MÜNSTER Position CLERK

	Annual Rate	Amt. Payable
Salary	\$ <u>3021</u>	<u>50.00</u>
Paid in		<u>50.00</u>

Type Currency Rate of Exchange (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

	Annual Rate	Amt. Payable
Quarters allowance	\$ _____	_____
Cost of living allowance	\$ _____	_____
Special Foreign Living allowance	\$ <u>1092-70%</u>	<u>25.20</u>
Paid in		<u>25.20</u>
	Type Currency	Rate of Exchange
		(Amount)
		TOTAL <u>75.20</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- I am single without dependents in area.
 - I am single with dependents in area.
 - I am married without dependents in area.
 - I am married with dependents in area.
 - I was in travel status from _____ to _____ incl.

- I have taken 28 hours of sick leave from 21 Jan 47 to 24 Jan 47, during this period.
- Quarters and/or meals were furnished me as follows: _____

Date _____ 19____ Signature or self-applied No. of Payee _____

Approved for payment _____ Signature _____ Title _____

I HEREBY CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment _____

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay roll name.

SECRET No. _____
 VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES 68

Period of this Voucher: From _____ to _____
 NAME OR NUMBER OF PAYEE _____ Position _____

RUDOLPH W. REBE
 Annual Rate Amt. Payable RADIO OPER TECH.

Salary -----
 Paid in _____
 Type Currency Rate of Exchange 107.20 50.00 (Amount)
 (If amount of salary is other than as authorized by Foreign Pay Sheet or other official document, explain here).

Quarters Allowance Annual Rate Amt. Payable _____
 Cost of living allowance _____
 Special Foreign Living Allowance _____
 Paid in _____
 Type Currency Rate of Exchange 1092-70% 2 17.10 (Amount)
 17.10

I CERTIFY that I have received the above amounts for the purpose stated and that I have not been nor will I be reimbursed from any other source. 62.10

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

- * I have taken 44 hours of 20 Jan 47 leave from Jan 47 to _____ during this period.
- * Quarters and/or meals were furnished me as follows: _____

Date _____ Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 9
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE ELISE D. PRICKETT Position CHIEF

	Annual Rate	Ant. Payable	
Salary aid in	<u>\$ 3021</u>	<u>100.00</u>	<u>100.00</u>
GRANDS:	Type Currency	Rate of Exchange	(Amount)
(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).			

	Annual Rate	Ant. Payable	
Quarters allowance			
Cost of living allowance	<u>37.04</u>		
Special Foreign Living allowance			
aid in	<u>1204</u>	<u>70%</u>	<u>37.04</u>
Type Currency	Rate of Exchange		<u>37.04</u>
			(Amount)
			TOTAL 137.04

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.
 I FURTHER CERTIFY that (indicate by "X" statements applicable):
 I am single without dependents in area.
 I am single with dependents in area.
 I am married without dependents in area.
 I am married with dependents in area.
 I was in travel status from _____ to _____ incl.
 * I have taken _____ hours of _____ leave from _____ to _____, during this period.
 * Quarters and/or meals were furnished me as follows: _____
 Date _____ 19 _____

Signature or self-applied No. of Payee
 Approved for payment _____
 Signature

I CERTIFY that the above payment has been made to the payee as appears above.
 I certify that the above reimbursement has been made on behalf of the individual named above, is typed as such, and that the original of this voucher and that it is supported by the appropriate attachments as soon as practicable.

Signature of P.O. making payment
 * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
 * Not required if payment is in accordance with Washington authorization.
 * Not required if voucher is signed by payee with full pay roll name.

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE SERENA A. SIMONS Position CLERK

Annual Rate Amt. Payable
 \$ 2644.80 none (Amount)
 Type Currency Rate of Exchange (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

TDY TO AUSTRIA TO BE PAID BY THAT OFFICE

	Annual Rate	Amt. Payable
Quarters allowance		
Cost of living allowance		
Special Foreign Living allowance		
Paid in		
Type Currency	Rate of Exchange	(Amount)
		TOTAL

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.
 I FURTHER CERTIFY that (indicate by "X" statements applicable)
 I am single without dependents in area.
 I am single with dependents in area.
 I am married without dependents in area.
 I am married with dependents in area
 I was in travel status from _____ to _____ incl.
 * I have taken _____ hours of _____ leave from _____ to _____, during this period.
 * Quarters and/or meals were furnished me as follows: _____
 Date _____ 19 _____
 Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.
 Signature of P.C. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET No. 71
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE BERNARDA C. SMITH Position CLERK

	Annual Rate	Amt. Payable
Salary	\$ <u>2644.80</u>	<u>75.00</u>
Paid in		<u>75.00</u>
	Type Currency	Rate of Exchange

REMARKS: (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

	Annual Rate	Amt. Payable
Quarters allowance	_____	_____
Cost of living allowance	_____	_____
Special Foreign Living allowance	\$ <u>1092.20</u>	<u>25.20</u>
Paid in		<u>25.20</u>
	Type Currency	Rate of Exchange
		<u>(Amount)</u>
		TOTAL <u>100.20</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- I am single without dependents in area.
 - I am single with dependents in area.
 - I am married without dependents in area.
 - I am married with dependents in area.
 - I was in travel status from _____ to _____ incl.

- * I have taken 144 hours of _____ leave from _____ to _____, during this period.
- * Quarters and/or meals were furnished me as follows: _____

Date 19 _____ Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature: _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.
 Signature of P.C. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "X" in blanks.
- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full pay roll name.

SECRET

72

VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
NAME OR NUMBER OF PAYEE CHESTER G. WOHLERT Position RADIO COR TECH

Salary Paid in 3021 Annual Rate Amt. Payable 75.00 75.00

Type Currency _____ Rate of Exchange _____ (Amount)
* (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

Quarters allowance _____ Annual Rate Amt. Payable _____
Cost of living allowance _____
Special Foreign Living allowance 1092-70% 25.20
Paid in _____ 25.20

Type Currency _____ Rate of Exchange _____ (Amount) 100.20
TOTAL _____

I CERTIFY that I have received the above amounts for the purpose and used stated and that I have not been nor will I be reimbursed from any other source.
I MUST CERTIFY that (indicate by "x" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

* I have taken 446 hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished as follows: _____

Date _____ 19 ____
Signature or self-applied No. of Payee _____

Approved for payment _____
Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 73
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY BILL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 21 Dec 46 to 8 Feb 47
 NAME OR NAME OF PAYEE ANDREW M. WOOD Position MSG CTR CHIEF

	Annual Rate	Amnt. Payable
Salary	\$ 3397.20	175.00
and in		175.00
Type Currency	Rate of Exchange	(Amount)

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

	Annual Rate	Amnt. Payable
Quarters allowance		
Cost of living allowance		
Special Foreign Living allowance	\$ 1092.70%	45.00
and in		45.00
Type Currency	Rate of Exchange	(Amount)
		TOTAL 220.00

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

• I have taken 28 hours of sick leave from 20 Jan 47 to 23 Jan 47 during this period.

• Quarters and/or meals were furnished me as follows: _____

Signature or self-assigned No. of Payee _____

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment _____

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET

No. 74

TEACHER PAY VOUCHER FOR INDIVIDUAL PAY PERIOD FROM 1 JAN 47 TO 31 FEB 47
NAME OR NUMBER OF DUTY STATION: EVELYN D. ANDREWS
POSITION: CLERK

Period of this Voucher: From _____ to _____

NAME OR NUMBER OF DUTY STATION: _____ Position: _____

Annual Rate Amt. Payable: 2644.80 203.44 203.44

Pay by _____ \$ _____
and an _____
Type Currency Rate of Exchange (Amount)
(If amount of salary is other than as authorized by Foreign Duty Station Sheet or other official document, explain here).

Quarters allowance 1062.70% Am 25.28%
Cost of living allowance 25.20
Special Foreign Living allowance 228.64
Paid in _____
Type Currency Rate of Exchange (Amount) F.O.B.I.

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.
I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

- I have taken _____ hours of _____ leave from _____ to _____ during this period.
- Quarters and/or meals were furnished as follows: _____

Signature or self-applied No. of Payee

Approved for payment Signature

I certify that the above information has been made on behalf of the individual whose name is typed above and that a copy of this voucher forwarded a copy to the individual whose SC number appears above. It shall be forwarded to Washington for file there as soon as practicable.

I CERTIFY that the above payment has been made to the individual whose SC number appears above.

Signature of P.C. making Payment

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
NO./OR QUARTERS - 1947 OF LIVING ALLOWANCES 8 Feb 47

Period of this Voucher: From JOHN E. ARRINGTON to CLERK TYPIST
I.L.R. OR NUMBER OF PAYEE _____ Position _____

Basic Rate: Amt Payable 75.00

Type Currency Rate of Exchange (Amount)
(If amount of salary is other than as authorized by Foreign Data or Secret or other official document, explain here).

	Annual Rate	Amt. Payable	
Quarters allowance	1092-708	25.20	
Cost of living allowance			25.20
Special Foreign Living allowance			
Paid in			100.20
Type Currency	Rate of Exchange		(Amount)
			TOTAL

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- () I am single without dependents in area.
 - () I am single with dependents in area.
 - () I am married without dependents in area.
 - () I am married with dependents in area.
 - () I was in travel status from _____ to _____ incl.

- I have taken _____ hours of _____ leave from _____ to _____, during this period.
- Quarters and/or meals were furnished me as follows: _____

Signature or self-applied No. of Payee _____

Approved for payment _____
Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET No. 76
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

Name of Member of Service PAUL R. BROWN Position EDITORIAL ANALYST

	Annual Rate	Amt. Payable
Pay	\$ <u>4149.60</u>	<u>319.20</u>
paid in		<u>319.20</u>
	Type Currency	Rate of Exchange
		(Amount)

(If amount of salary is other than as authorized by Foreign Duty Station or other official document, explain here).

	Annual Rate	Amt. Payable
Quarters allowance	\$ _____	_____
Cost of living allowance	\$ _____	_____
Special Foreign Living allowance	\$ <u>1592</u>	\$ <u>122.46</u>
paid in		<u>122.46</u>
	Type Currency	Rate of Exchange
		(Amount)
		TOTAL <u>441.66</u>

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable):

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

• I have taken _____ hours of _____ leave from _____ to _____ during this period.

• Quarters and/or meals were furnished me as follows: _____

Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment _____

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

Name of Member of Payee: WILLIAM A. COATES Position _____

Annual Rate Amt. Payable
 \$ 4149.60 120.00
 Type Currency Rate of Exchange 120.00 (amt)
 (If amount of salary is other than as authorized by Foreign Duty Sheet or other official document, explain here).

Quarters allowance	Annual Rate	Amt. Payable
Cost of living allowance	_____	_____
Special Foreign Living allowance	_____	_____
Paid in _____	<u>1894-70%</u>	<u>29.40</u>
Type Currency	Rate of Exchange	<u>29.40 (amt)</u>
		TOTAL <u>149.40</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

• I have taken _____ hours of _____ leave from _____ to _____ during this period.

• Quarters and/or meals were furnished me as follows: _____

at _____ on _____
 Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment _____

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay roll name.

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From _____ to _____

NAME OR NUMBER OF PAYEE _____ Position _____
 12 Jan 47 8 Feb 47

WILLIE LAY, CLERK Amt. Payable CLERK

Salary paid in _____
 Type Currency Rate of Exchange (Amount)
 If amount of salary is other than as authorized by Foreign Duty Station or other official document, explain here. 75.00 75.00

	Annual Rate	Amt. Payable	(Amount)
Quarters allowance	_____	_____	_____
Cost of living allowance	_____	_____	_____
Special Foreign Living allowance	_____	_____	_____
Paid in _____	Type Currency	Rate of Exchange	(Amount)
		1092-70%	25.20
			TOTAL
			25.20

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source. 100.20

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- () I am single without dependents in area.
 - () I am single with dependents in area.
 - () I am married without dependents in area.
 - () I am married with dependents in area.
 - () I was in travel status from _____ to _____ inc.

- * I have taken _____ hours of _____ leave from _____ to _____ during this period.
- * Quarters and/or meals were furnished me as follows: _____

to _____ 19 ____
 Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.
 Signature of P.O. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
AND/OR QUARTERS AND COST OF LIVING ALLOWANCE 79

Period of this Voucher: From _____ to _____
 BILL OR NUMBER OF J.Y.C. _____ 12 Jan 47 _____ Position: 8 Feb 47

PAID BY: DCRA-D CHIEF, BERLIN UNIT
 Annual Rate Amt. Payable

Salary paid in _____
 Type Currency Rate of Exchange 102.20 546.32 (Amount)
 (If amount of salary is other than as authorized by Foreign Salary Sheet or other official document, explain here): 546.32

Quarters allowance _____ Annual Rate Amt. Payable _____
 Cost of living allowance _____
 Special Foreign Living allowance _____
 Paid in _____
 Type Currency Rate of Exchange 820 140.00 (Amount)
 140.00

I CERTIFY that I have received the above amounts for the purpose and use stated and that I have not been nor will I be reimbursed from any other source. 686.32

- I FURTHER CERTIFY that (indicate by * statements applicable)
- () I am single without dependents in area.
 - () I am single with dependents in area.
 - () I am married without dependents in area.
 - () I am married with dependents in area.
 - () I was in travel status from _____ to _____ incl.
 - * I have taken _____ hours of _____ leave from _____ to _____, during this period.
 - * Quarters and/or meals were furnished me as follows: _____

Date _____ 19 _____
 Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.
 Signature of P.C. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 80
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR MEMBER OF PAYEE WALFACE W. ERWIN Position INFIL OFFICER

	Annual Rate	Amt. Payable	
Salary	4149.60	100.00	
paid in			100.00
	Type Currency	Rate of Exchange	(Amount)

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

	Annual Rate	Amt. Payable	
Quarters allowance			
Cost of living allowance			
Special Foreign Living allowance	1274-70%	29.40	
paid in			29.40
	Type Currency	Rate of Exchange	(Amount)
			TOTAL 129.40

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I HEREBY CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____ during this period.

* Quarters and/or meals were furnished me as follows: _____

Date _____ 19____ Signature or self-applied No. of Payee _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment _____

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 81
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE ERMA R. HEINEMAN Position CLERK STENO

Annual Rate Amt. Payable

2770.20 100.00
100.00
 Type Currency Rate of Exchange (Amount)
 (If amount of salary is other than as authorized by Foreign Duty Status or other official document, explain here).

Annual Rate Amt. Payable

Quarters allowance
 Cost of living allowance
 Special Foreign Living allowance 1052-70% 25.20
 aid in 25.20
 Type Currency Rate of Exchange (Amount)
TOTAL 125.20

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.
 I FURTHER CERTIFY that (indicate by "X" statements applicable)
 I am single without dependents in area.
 I am single with dependents in area.
 I am married without dependents in area.
 I am married with dependents in area.
 I was in travel status from to incl.
 * I have taken hours of leave from to , during this period.
 * Quarters and/or meals were furnished as follows:
 19 .
 Signature or self-applied No. of Payee

Approved for payment Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.
 Signature of F.O. making payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY
AND/OR ALLOWANCES AND COST OF LIVING ALLOWANCES

Period of this Voucher: From _____ to 82

NAME OF MEMBER OF SERVICE _____ Position _____

_____ 12 Jan 47 _____ 8 Feb 47

HEINRICH HELLER Annual Rate Amt. Payable

Type	Currency	Rate of Exchange	(Amount)
(If amount of salary is other than as authorized by Foreign Duty Station or other official documents, specify in remarks)			
			152.00

Quarters Allowance	Annual Rate	Amt. Payable
Cost of living allowance		
Special Foreign Living Allowance		
Aid in		

Type	Currency	Rate of Exchange	(Amount)
		1520-70%	42.00
			TOTAL

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

- I further CERTIFY that (indicate by "X" statements applicable)
- I am single without dependents in area.
 - I am single with dependents in area.
 - I am married without dependents in area.
 - I am married with dependents in area.
 - I was in travel status from _____ to _____ incl.

- I have taken _____ hours of _____ leave from _____ to _____, during this period.
- Quarters and/or meals were furnished as follows: _____

_____, 19____
 Signature or self-applied No. of Traveler _____
 Approved for payment _____
 Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.C. Making Payment

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by service with full pay roll name.

SECRET

SECRET No. _____
 VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

83

Period of this Voucher: From _____ to _____

NAME OR NAME OF PAYEE _____ 12 Jan 47 _____ Position 8 Feb 47

Annual Rate Amt. Payable

Type Currency Rate of Exchange 644.80 75.00 (Amount)
 (If amount of salary is other than as authorized by Form 75.00: Sheet or other official document, explain here).

Quarters allowance Annual Rate Amt. Payable
 Cost of living allowance
 Special Foreign Living allowance
 Aid in _____
 Type Currency Rate of Exchange 1992-70% 25.20 (Amount)
 25.20

I CERTIFY that I have received the above amount for the purpose and amount stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)
 I am single without dependents in area.
 I am single with dependents in area.
 I am married without dependents in area.
 I am married with dependents in area
 I was in travel status from _____ to _____ incl.

• I have taken _____ hours of _____ leave from _____ to _____, during this period.
 • Quarters and/or meals were furnished as follows: _____

 Signature or Self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay roll name.

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

Name of Member of Party: MICHAEL L. KUPCZIKOWSKI Position: JR INTELL OFFICER

Annual Rate: _____ Amt. Payable: _____
 Salary paid in \$ 4525.80 None None
 Type Currency Rate of Exchange (if any)
 (If amount of salary is other than as authorized by Foreign Data Data Sheet or other official document, explain here).

Quarters allowance	Annual Rate	Amt. Payable
Cost of living allowance	_____	_____
Special Foreign Living allowance	_____	_____
paid in <u>\$ 274.70</u>	<u>70%</u>	<u>29.40</u>
Type Currency	Rate of Exchange	<u>29.40</u> (Amount) TOTAL <u>29.40</u>

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statement applicable)
- () I am single without dependents in area.
 - () I am single with dependents in area.
 - () I am married without dependents in area.
 - () I am married with dependents in area.
 - () I was in travel status from _____ to _____ inc.

* I have taken _____ hours of _____ leave from _____ to _____ during this period.

* Quarters and/or meals were furnished me as follows: _____
 Date _____ 19 _____ Signature or self-applied No. of Payee _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose name appears above.

Signature of P.O. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by exec with full pay roll name.

SECRET

SECRET No. 25
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE JOANN W. MCNEISTON Position RESEARCH ANALYST

Annual Rate Amt. Payable
\$ 3397.20 75.00
 Type Currency Rate of Exchange (Amount)
75.00
 (If amount of salary is other than as authorized by Foreign Duty Station or other official document, explain here).

Quarters allowance Annual Rate Amt. Payable
 Cost of living allowance
 Special Foreign Living allowance \$ 1092.70% 25.20
 aid in Type Currency Rate of Exchange 25.20
 (Amount)
TOTAL 100.20

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

- I further CERTIFY that (indicate by "X" statements applicable)
- () I am single without dependents in area.
 - () I am single with dependents in area.
 - () I am married without dependents in area.
 - () I am married with dependents in area.
 - () I was in travel status from _____ to _____ incl.

- * I have taken _____ hours of _____ leave from _____ to _____, during this period.
- * Quarters and/or meals were furnished me as follows: _____

_____, 19____
 Signature or self-applied No. of Payee

Approved for payment _____
 Signature

I certify that the above information has been made available to the appropriate authorities in typed or printed form and that the information forwarded is true and correct. This information is to be used for the purpose of determining the amount of pay to be made and for the purpose of determining the amount of pay to be made. This information is to be used for the purpose of determining the amount of pay to be made and for the purpose of determining the amount of pay to be made.

I CERTIFY that the above payment has been made in accordance with the instructions on the reverse side of this voucher.

Signature of P.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blank".
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From _____ to _____

NAME OR NUMBER OF PAYEE 12 Jan 47 Position Feb 47

LOUISA VITHOFF CLERK

Annual Rate Amt. Payable

Paid in _____
 Type Currency Rate of Exchange 2770.20 50.00 _____ (Amount)
 (If amount of salary is other than as authorized by _____
 Secret or other official document, explain here).

	Annual Rate	Amt. Payable
Quarters allowance	_____	_____
Cost of living allowance	_____	_____
Special Foreign Living allowance	_____	_____
Paid in _____	Type Currency	Rate of Exchange <u>92-70%</u> <u>25.20</u> _____ (Amount) <u>25.20</u>

I CERTIFY that I have received the above amounts for the purpose and amount stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- () I am single without dependents in area.
 - () I am single with dependents in area.
 - () I am married without dependents in area.
 - () I am married with dependents in area.
 - () I was in travel status from _____ to _____ incl.

- * I have taken _____ hours of _____ leave from _____ to _____, during this period.
- * Quarters and/or meals were furnished me as follows: _____

Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose name appears above.

Signature of P.O. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blank".
- ** Not required if payment is in accordance with Cabinet's authorization.
- *** Not required if voucher is signed by wvcc with full pay roll name.

SECRET No. 87
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE EVELYN K. OFFERS Position CLERK

	Annual Rate	Amt. Payable	
Pay	2770.20	75.00	
Paid in			75.00
	Type Currency	Rate of Exchange	(Amount)
* (If amount of salary is other than as authorized by Foreign Duty Station or other official document, explain here).			
Quarters allowance	Annual Rate	Amt. Payable	
Cost of living allowance			
Special Foreign Living allowance	1092-70%	25.20	
Paid in			25.20
	Type Currency	Rate of Exchange	(Amount)
			TOTAL 100.20

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area
- I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

to _____ to _____
 Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose name appears above.

Signature of P.C. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 88
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE THOMAS POLGAR Position JR INTELL OFFICER

	Annual Rate	Am. Payable
Salary	\$ <u>4140.60</u>	<u>319.20</u>
aid in _____		<u>319.20</u>
Type Currency _____	Rate of Exchange _____	(Amount)
* (If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).		
Quarters allowance	Annual Rate _____	Am. Payable _____
Cost of living allowance	_____	_____
Special Foreign Living allowance	_____	_____
aid in _____	<u>1274.70%</u>	<u>29.40</u>
Type Currency _____	Rate of Exchange _____	<u>29.40</u>
		(Amount)
		TOTAL <u>348.60</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be paid for any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____ during this period.

* Quarters and/or meals were furnished me as follows: _____

Date _____ to _____

Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET

No. 89

VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
NAME OR NUMBER OF PAYEE MICHAEL RAJACICH Position INETEL OFFICER

Annual Rate Amt. Payable
Salary 4149.60 50.00 50.00
aid in
Type Currency Rate of Exchange (Amount)
NOTE: (If amount of salary is other than as authorized by Foreign Duty Rate Sheet or other official document, explain here).

Annual Rate Amt. Payable
Quarters allowance
Cost of living allowance
Special Foreign Living allowance 1274=70% 29.50 29.40
Paid in
Type Currency Rate of Exchange (Amount)
TOTAL 79.40

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.
I FURTHER CERTIFY that (indicate by "X" statements applicable)
() I am single without dependents in area.
() I am single with dependents in area.
() I am married without dependents in area.
() I am married with dependents in area.
() I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____ during this period.
* Quarters and/or meals were furnished as follows: _____

Date _____ 19____ Signature or self-applied No. of Vouch

* Approved for payment Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL 90
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME AND GRADE OF PAYEE: ANDREW J. BITTNER Position: EDITORIAL ANALYST

	Annual Rate	Ant. Payable
Salary paid in <u>Type Currency</u>	<u>3397.20</u>	<u>153.24</u>
Rate of Exchange		<u>153.24(1)</u>

(If amount of salary is other than as authorized by Foreign Duty Station or other official document, explain here).

	Annual Rate	Ant. Payable
Quarters allowance		
Cost of living allowance		
Special Foreign Living Allowance		
aid in <u>Type Currency</u>	<u>1092-70%</u>	<u>25.20</u>
Rate of Exchange		<u>25.20(1)</u>

TOTAL
178.44

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "*" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished as follows: _____

Date 10 _____ Signature or self-applied No. of Payee _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.C. making Payment _____

* If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."

** Not required if payment is in accordance with Washington authorization.

*** Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 91
**VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVED ALLOWANCES**

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE T. DAVID RISEWALL Position INTELL OFFICER

	Annual Rate	Amt. Payable	
Salary	\$ 4902	92.30	92.30
aid in _____			(Amount)
	Type Currency	Rate of Exchange	

(If amount of salary is other than as authorized by Foreign Duty & Sheet or other official document, explain here).

	Annual Rate	Amt. Payable	
Quarters allowance			
Cost of living allowance			
Special Foreign Living allowance	\$ 274-70%	29.40	29.40
aid in _____			
	Type Currency	Rate of Exchange	(Amount)
			TOTAL 121.70

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source. I FURTHER CERTIFY that (indicate by "X" statements applicable):

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- (X) I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____ during this period.
 * Quarters and/or meals were furnished as follows: _____

to _____¹⁰ _____ Signature or self-applied No. of Payee

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of F.C. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full pay roll name.

SECRET No. 92
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
AND/OR ALLOWANCES AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 NAME OR NUMBER OF PAYEE PETER M. F. SICHEL Position INTELL OFFICER

	Annual Rate	Amt. Payable
Salary paid in	\$ 5905.20	69.23
	Type Currency	Rate of Exchange
		69.23

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

	Annual Rate	Amt. Payable
Quarters allowance		
Cost of living allowance		
Special Foreign Living allowance	\$ 1456.70%	33.60
paid in		33.60
	Type Currency	Rate of Exchange
		(Amount)
		TOTAL 102.83

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "x" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____ during this period.

* Quarters and/or meals were furnished me as follows: _____

Date _____ 19____

Signature or self-assigned No. of Payee

Approved for payment _____
 Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- * Not required if payment is in accordance with Washington authorization.
- * Not required if voucher is signed by payee with full pay roll name.

SECRET No. 93
 VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
 AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 6 Feb 47
 NAME OR NUMBER OF PAYEE FRIDERICK J. STALDER Position INTELL OFFICER

	Annual Rate	Amt. Payable
Salary	\$ 5278.20	100.00
aid in		100.00
	Type Currency	Rate of Exchange
		(Amount)

(If amount of salary is other than as authorized by Foreign Duty & to
 Sheet or other official document, explain here).

	Annual Rate	Amt. Payable
Quarters allowance		
Cost of living allowance		
Special Foreign Living allowance	1274.70%	26.40
aid in		26.40
	Type Currency	Rate of Exchange
		(Amount)
		TOTAL 126.40

I CERTIFY that I have received the above amounts for the purpose specified
 stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- () I am single without dependents in area.
 - () I am single with dependents in area.
 - () I am married without dependents in area.
 - () I am married with dependents in area.
 - () I was in travel status from _____ to _____ incl.

• I have taken _____ hours of _____ leave from _____
 to _____ during this period.

• Quarters and/or meals were furnished me as follows:

 to _____ 19 _____

Signature or self-applied No. of Payee

 Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number
 appears above.

 Signature of P.C. making payment

- If no leave was taken or if quarters and/or meals were not furnished during
 period, write "None in blanks."
- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. 94
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Valid of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE MAY STANIER Position _____

	Annual Rate	Amt. Payable
Pay	<u>4902</u>	none
in		none
Type Currency	Rate of Exchange	(Amount)

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

	Annual Rate	Amt. Payable
Quarters allowance		
Cost of living allowance		
Foreign Living allowance	<u>1592</u>	<u>132.67</u>
aid in		<u>132.67</u>
Type Currency	Rate of Exchange	(Amount)
		TOTAL <u>132.67</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from _____ to _____ incl.

- I have taken _____ hours of _____ leave from _____ to _____, during this period.
- Quarters and/or meals were furnished as follows: _____

Date 19 _____ Signature or self-applied No. of Payee _____

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.

- Not required if payment is in accordance with Washington authorization.
- Not required if voucher is signed by payee with full pay roll name.

SECRET

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF NAME DEROTHY STEVENS Position CLERK STENO

3021 Annual Rate Amt. Payable 50.00
 in _____ (Amount) 50.00

Type Currency _____ Rate of Exchange _____
 (If amount of salary is other than as authorized by Foreign Duty Post Sheet or other official document, explain here).

102-70% Annual Rate Amt. Payable 25.20
 in _____ (Amount) 25.20
 TOTAL 75.20

I CERTIFY that I have received the above amount for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.
 I further certify that (indicate by "X" statements applicable)
 I am single without dependents in area.
 I am single with dependents in area.
 I am married without dependents in area.
 I am married with dependents in area.
 I was in travel status from _____ to _____ incl.

* I have taken _____ hours of _____ leave from _____ to _____ during this period.
 * Quarters and/or meals were furnished as follows: _____

Signature or self-applied No. of Payee _____

Approved for payment _____
 Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment _____

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
 * Not required if payment is in accordance with Washington authorization.
 ** Not required if voucher is signed by name with full pay roll name.

SECRET No. 96
VOUCHER FOR PAYMENT OF INDIVIDUAL TAX ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE: HENRY C. SIMON Position SR INTELL OFFICER

	Annual Rate	Am. Payable	
-----	\$ <u>505.20</u>	<u>109.24</u>	
In _____			<u>109.24</u>
Type Currency	Rate of Exchange		(Amount)
(If amount of salary is other than as authorized by Foreign Duty Document or other official document, explain here).			

	Annual Rate	Am. Payable	
Quarters allowance	-----	-----	
Cost of living allowance	-----	-----	
Special Foreign Living allowance	<u>34.70</u>	<u>33.60</u>	
Aid in _____			<u>33.60</u>
Type Currency	Rate of Exchange		(Amount)
			TOTAL <u>142.84</u>

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

- I FURTHER CERTIFY that (indicate by "X" statements applicable)
- () I am single without dependents in area.
 - () I am single with dependents in area.
 - () I am married without dependents in area.
 - () I am married with dependents in area.
 - () I was in travel status from _____ to _____ incl.

- I have taken _____ hours of _____ leave from _____ to _____, during this period.
- Quarters and/or meals were furnished me as follows: _____

_____, 19____. Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.C. making Payment

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- Not required if payment is in accordance with Washington authorization.
 - Not required if voucher is signed by payee with full pay roll name.

SECRET No. 57
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE AND/OR QUARTERS AND COST OF LIVING ALLOWANCE

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

NAME OR NUMBER OF PAYEE LOTTE HELBERGER Position RESEARCH ANALYST

	Annual Rate	Amt. Payable
.....	\$ <u>2544.80</u>	<u>203.44</u>
in _____		<u>203.44</u>
Type Currency	Rate of Exchange	(Amount)

(If amount of salary is other than as authorized by Foreign Duty Sheet or other official document, explain here).

	Annual Rate	Amt. Payable
Quarters allowance	\$ _____	\$ _____
Cost of living allowance	\$ _____	\$ _____
Special Foreign Living allowance	\$ <u>1062.254</u>	\$ <u>25.20</u>
Aid in _____		<u>25.20</u>
Type Currency	Rate of Exchange	(Amount)
		TOTAL <u>228.64</u>

I CERTIFY that I have received the above amounts for the purpose and used stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from _____ to _____ incl.

- * I have taken _____ hours of _____ leave from _____ to _____, during this period.
- * Quarters and/or meals were furnished me as follows: _____

 Signature or self-applied No. of Payee

Approved for payment _____
 Signature Title

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.C. making Payment

- If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
- * Not required if payment is in accordance with Washington authorization.
 - * Not required if voucher is signed by payee with full pay roll name.

SECRET

SECRET No. _____
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY ROLL
QUARTERS AND COST OF LIVING ALLOWANCES **98**

Period of this Voucher: From _____ to _____

DATE OF NUMBER OF PAYE _____ Position _____
 12 Jan 47 8 Feb 47

ROTH M. WOODS Annual Rate Amt. Payable **CLERK**

Pay _____
 Paid in _____
 Type Currency Rate of Exchange _____ (Amount)
 (If amount of salary is other than as authorized by Foreign Entry Order or other official document, explain here). **50.00**
50.00

	Annual Rate	Amt. Payable	(Amount)
Quarters allowance	_____	_____	_____
Cost of living allowance	_____	_____	_____
Special Foreign Living allowance	_____	_____	_____
Paid in	Type Currency	Rate of Exchange	(Amount)
		1092-70%	25.20
			TOTAL
			25.20

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source. **72.80**

I further certify that (indicate by "x" statements applicable)
 I am single without dependents in area.
 I am single with dependents in area.
 I am married without dependents in area.
 I am married with dependents in area
 I was in travel status from _____ to _____ incl.

* I have taken 40 hours of _____ leave from _____ to _____, during this period.
 * Quarters and/or meals were furnished me as follows: _____

Signature or self-applied No. of Payee _____
 Approved for payment _____
 Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making Payment _____

- * If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."
- ** Not required if payment is in accordance with Washington authorization.
- *** Not required if voucher is signed by payee with full pay roll name.

SECRET No. 99
VOUCHER FOR PAYMENT OF INDIVIDUAL PAY RATE
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47
 ON BEHALF OF NAME JAN FELDY LIBICH Position FIELD REP

Annual Rate - Amt. Payable
 Pay 7341.60 none none
 in _____ (Amount)
 Type Currency Rate of Exchange
 (If amount of salary is other than as authorized by Foreign Duty & to Sheet or other official document, explain here).

TDY 60 days. TO BE PAID SUBSEQUENT PAYROLL.

Annual Rate Amt. Payable
 Quarters allowance _____ _____
 Cost of living allowance _____ _____
 Total Foreign Living allowance 1456-70% none
 in _____ none (Amount)
 Type Currency Rate of Exchange **TOTAL**

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.
 I FURTHER CERTIFY that (indicate by * statements applicable)

- () I am single without dependents in area.
- () I am single with dependents in area.
- () I am married without dependents in area.
- () I am married with dependents in area.
- () I was in travel status from 12/1-23/1/47 to 4/2-8/2/47 incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.
 * Quarters and/or meals were furnished me as follows: _____

_____ 19____ Signature or self-applied No. of Payco

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

 Signature of P.O. making Payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None" in blanks.
 Not required if payment is in accordance with Washington authorization.
 Not required if voucher is signed by payee with full pay roll name.

SECRET No. 100
VOUCHER FOR PAYMENT OF DOMESTIC PAY ROLL
AND/OR QUARTERS AND COST OF LIVING ALLOWANCES

Period of this Voucher: From 12 Jan 47 to 8 Feb 47

ON BEHALF OF PAYEE CATHERINE E. RIGSBEE Position ADMIN ASST

Annual Rate Amt. Payable

Pay 3522.60 none

id in _____ none

Type Currency Rate of Exchange (Amount)

(If amount of salary is other than as authorized by Foreign Duty Data Sheet or other official document, explain here).

TO BE PAID SUBSEQUENT PAYROLL

Annual Rate Amt. Payable

Quarters allowance _____

Cost of living allowance _____

Cost of Foreign Living allowance 1092.70 none

id in _____ none

Type Currency Rate of Exchange (Amount)

TOTAL

I CERTIFY that I have received the above amounts for the purpose and period stated and that I have not been nor will I be reimbursed from any other source.

I FURTHER CERTIFY that (indicate by "X" statements applicable)

- I am single without dependents in area.
- I am single with dependents in area.
- I am married without dependents in area.
- I am married with dependents in area.
- I was in travel status from 12/1-28/1/47 to 4/2-8/2/47 incl.

* I have taken _____ hours of _____ leave from _____ to _____, during this period.

* Quarters and/or meals were furnished me as follows: _____

_____ 19____ Signature or self-applied No. of Payee

Approved for payment _____ Signature _____ Title _____

I CERTIFY that the above payment has been made to the individual whose number appears above.

Signature of P.O. making payment

If no leave was taken or if quarters and/or meals were not furnished during period, write "None in blanks."

Not required if payment is in accordance with Washington authorization.

Not required if voucher is signed by payee with full pay roll name.

SECRET

POSTING VOUCHER

DATE: 19 February 1947

VOUCHER NO. 391

TYPE OF
ITEMS: _____ AMOUNT: _____ RATE: _____ VALUE IN TERMS OF
PRINCIPAL CURRENCY _____

REFERENCE: _____

DESCRIPTION: Advance made to C. Lewis in Swiss Francs - Repaid in
Scrip.

	DR.	CR.	POSTING INITIALS
CASH INVENTORY	46.64	Sw.Fcs.200 (46.64)	
ADVANCES: _____ (NAME)			
TRANSFERS: _____ (STATION)			
CONVERSIONS	46.64	46.64	
EXCHANGE			
MISCELLANEOUS RECEIPTS:			
EXPENSE			
OTHER ACCOUNTS			
TOTAL			

DISTRIBUTION OF COPIES:

BRANCH 01 02 03 04 05 07 08 09
 " " " " " " " " "

SPECIAL INFORMATION OR INSTRUCTIONS: _____

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____

POSTING VOUCHER

DATE: 28 February 1947

VOUCHER NO. 392

TYPE OF
TRANS:

AMOUNT:

RATE:

VALUE IN TERMS OF
PRINCIPAL CURRENCY

OFFICE:

DESCRIPTION: Entry to revalue 3,230.90 Swiss Francs on hand to new rate of .233645 from .2332. Additional accountability picked up herewith.

	DR.	CR.	POSTING INITIALS
\$ Value of Swiss Franc Acct. //////////	1.43		
ADVANCES: _____ (Name)			
TRANSFERS: _____ (Station)			
COMMODITIES			
EXCHANGE			
Exchange Equalization DISCRIPTION OF ACCOUNTS:		1.43	
FINANCE			
OTHER ACCOUNTS			
TOTALS			

DISTRIBUTION OF INTERESTS:

BRANCH ' 01 ' 02 ' 03 ' 04 ' 05 ' 07 ' 08 ' 09

SPECIAL INFORMATION OR INSTRUCTIONS:

VOUCHER PREPARED BY: _____ APPROVED BY: _____ AUDITED BY: _____